Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90060 049 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K65391

1. Corporation Name

H AND B ACCOUNTING SERVICES, INC.

 - 								
Principal Place of Business Mailing Address								
% HOLLY HORTON		% HOLLY HORTON						
			NE PURLIEU PLACE. SUITE 122			DO NOT WRITE IN THIS SPACE		
WINTER PARK FL 32792 WINTER PARK FL 32792						3. Date Incorporated or Qualifed		
						02/14/1989	•	
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21 26						65-0095735	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt, #, etc.			\$8.7	5 Additional		
22		_ 				LE Cartificate of Statue Desired	Required	
City & State		City & State			6. Election Campaign Financing \$5.0	00 May Be		
23		28				ed to Fees		
Zip			Countr	у		8. This corporation owes the current year Intangible		
24	25	25 29 30				Personal Property Tax.	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
			81	1 N	ame			
HORTON, HOLLY A.			82	1 5	treet Addre	ess (P.O. Box Number is Not Acceptable)		
ONE PURLIEU PLACE			62 Street Addit		weet Addres	as (i.e. box realiser is not receptable)		
SUITE 122			83	3				
WINT	TER PARK FL 32792			<u>. </u>		0.7	Ip Code	
			84	ין ויי	ity	FL 85 ²	Th Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo				ve-na	med corpo	ration submits this statement for the purpose of changing	its registered	
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au ations of Section 607 0505. Flori	ithorized by ida Statute:	y the	corporation	n's board of directors. I hereby accept the appointment a	s registered	
•	m lamilar with, and accept the oblige	mons or, decapt cor.obde, rion	ida Olatoto	٠.		•		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	ent sigi	ature required	when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			☐ Char	ge	
NAME	Balogh, Alexandra A.		1.2 NAME				٠,	
STREET ADDRESS	ONE PURLIEU PLACE #122		1.3 STREE	ET ADC	RESS			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-5	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Chan	ge	
NAME	HORTON, HOLLY A.		2.2 NAME					
STREET ADDRESS	ONE PURLIEU PLACE #122		2.3 STREE	ET ADD	RESS			
CITY-ST-ZIP	VINTER PARK FL 2.40		2. 4 CITY-	ST-ZI	,			
TITLE		☐ DELETE	3.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME			3.2 NAME			и	İ	
STREET ADDRESS			3.3 STREE	ET ADD	RESS		•	
CITY-ST-ZIP			3.4, CITY-	ST-ZIF	,	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME .			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ET ADD	RESS			
CITY-ST-ZIP			4,4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE				ge 🔲 Addition	
NAME					1	☐ Char		
			5.2 NAME			☐ Char	,	
2 I KEET ADDRESS!			5.2 NAME 5.3 STREE		RESS	Char	,	
STREET ADDRESS CITY-ST-ZIP				ET ADD		☐ Char	,	
CITY-ST-ZIP		☐ DELETE	5.3 STREE	ET ADD		☐ Char	ge Addition	
CITY-ST-ZIP		☐ DELETE	5.3 STREE 5.4 CITY-5	ET ADD			ge Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

Daytime Phone #