2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 18, 2002 8:00 am Secretary of State

DOCUN 1. Entity Name	MENT # K6626	7	Ψ.,		Secretary 06-18-2002 90485		
	CONTRACTORS, INC.			ν	/		
Principal Place of Business NORMAN L. NIXON 2534 FRUITTREE DR SARASOTA FL 34239		Mailing Address % NORMAN L. NIXON 2534 FRUITTREE DR SARASOTA FL 34239			+ REGINNES DEM BESTE BESTE MENTE DEM 1890 DEM ALTER BEST	ALATI ATAU ATAU ATAU	
2. Principal Place of Business		3. Mailing Address				812 8 810 11 832 11 18 3 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 65-0099865	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired Fee F	5 Additional equired	
	6 Name and Address of Current	Registered Agent		Name	7:>Name and Address of New Registered Agent		
NIXON, NORMAN L.			-	Street Address (P.O. Box Number is Not Acceptable)			
2534 FRUITTREE DR SARASOTA FL [*] 34239			-				
ONIMOOIN	112 grade	,	-	City	FL Z	ip Code	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 2 Make Check Pays	002 Fee wi	li be \$550.00		\$5.00 May Be Added to Fees	
11.	· OFFICERS AND		12.	- C/V-	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete NIXON, NORMAN L. 2534 FRUITTREE DRIVE ISARASOTA FL		TITLE NAME STREET CITY-S	2	EAN NIXON 534 FRUIT TREE DR. TRASOTA FL 34239	hange Addition	
STREET ADORESS	s Gooch, Roger 2534 Fruitree Drive	Delete	TITLE NAME STREET CITY-S	ADDRESS 1-21P		Change Addition Change	
TITLE NAME STREET ADDRESS	VP WARNER, JACK_ 2534 FRUIT TREE DRIVE	Deleta	TITLE	ADDRESS		chânge Addition	
TITLE NAME STREET ADDRESS	SARASOTA FL 34239	☐ Delete	TITLE NAME	ADDRESS		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE	ADDRESS		Change Addition	
CITY-ST-ZIP		☐ Delete	TITLE			Change	

3. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(f), Frontal Statutes. From the Certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(f), Frontal Statutes and that the information indicated on this report or supplied that my name appears in Block 11 or Block 12 if other or or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRETTHAY.

4/26/02 941-953

Daytime Phone #



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 27, 2002

AACCENT CONTRACTORS, INC. % NORMAN L. NIXON 2534 FRUITTREE DR SARASOTA, FL 34239

Subject: AACCENT CONTRACTORS, INC.

Reference Number: /

K66267

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SM ANNUAL REPORTS SECTION