Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90041 004 ***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 # **L40622**

1. Corporation Name

SCHUCK ACCOUNTING, INC.

• • • • • • • • • • • • • • • • • • • •							
Principal Place of Business Mailing Address					1 (90)(#1) ON WIDLY BOLER DISTR 11010 (101 MIN)	Albit Atalt Sifft at	an 51611 (661
% W. DONALD SCHUCK			re e		DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 01/03/1990		
Principal Place of Business 2a. Mailing Address 26					4. FEI Number 65-0162065	— — — —	lied For Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certificate of Status Desired	\$8.75 A	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 to Added to	-
Zip	Country Zip Co. 25 29 30			Country 8. This corporation owes the current year Intangible Personal Property Tax. ☐ No			
<u> </u>	9. Name and Address of Curren		<u>-1</u>		10. Name and Address of New Registere	d Agent	
 -			81	Name			
SCHUCK, W. DONALD 1111 9TH AVENUE WEST			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE E			83	 			
BRADENTON FL 34205						85 Zip C	odo
			84	City	F	85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	orized by a Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as reg	registered iistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				nt signature require	od when reinstating) DATE	NO DIDECTO	DC IN 12
12.		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
ΠΠLE	D.	L VELETE	1.2 NAME	\			
NAME				T ADDRESS			
STREET ADDRESS			1.4 CITY-S			•	
CITY-ST-ZIP			2.1 TITLE	1-211		Change	Addition
NAME			2.2 NAME		·		
STREET ADDRESS			1	T ADORESS			_
CITY-ST-ZIP			2. 4 CITY-			_	
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME	1			\
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY+ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE	T ADDRESS			Į.
CITY-ST-ZIP		·	4.4 CITY-5	ST-ZIP			
TITLE	,	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	_		5.2 NAME	1			ļ

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 or 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 on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLÈ

NAME

REW LOONAED SCHUCK

DELETE

941-746-6244

Change

Addition