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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(0)

SOLARI ACCOUNTING SERVICE, INC.

FILED
Feb 20 1998 8:00am
Secretary of State



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Principal Place of Business Mailing Address							
C/O THOMAS G. VAN MATRE JR. C/O THOMAS G. VAN MATR							
4300 BAYOU BLVD. SUITE 16			4300 BAYOU BLVD. SUITE 16		DO MOT WOLTE IN THE O		
PENSACOLA FL 32503 PENSA			PENSACOLA FL 32503		DO NOT WRITE IN THIS SI	PACE	
					3. Date Incorporated or Qualified 05/02/1990		
2. Principal	Place of Business	2a. Mailing Addres			4. FEI Number		
<u> </u>	Tiace of Dusiness	— ř				Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		59-3010948	Not Applicable	
22					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ate	City & State	City & State				
23 28					B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Cou	ntrv		Added to Fees	
24	25	29	30	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cu		130		10. Name and Address of New Registered A		
VAN MATRE, THOMAS G. JR.					The state of the s	,	
	300 BAYOU BLVD. SUITE 16			82 Street A			
	PENSACOLA FL 32503				ddress (P.O. Box Number is Not Acceptable)		
PENOACOLA PL 32303				83			
				B4 City	FL	85 Zip Code	
11 Dureuge	at to the provisions of Costions 607	OFO2 and CO7 1500 Florida	Chat, dan the ab		<u> </u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agant and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	STD	DELE		LE		Change Addition	
NAME	SOLARI, CHARLES W.		1,2 NAJ	VKE	_		
STREET ADDRESS	3471 CRABTREE CHRUCH	I ROAD		REET ADDRESS			
CITY-ST-ZIP	CANTONMENT FL			Y-ST-ZIP			
TITLE	PD	☐ DELE				Change Addition	
NAME	SOLARI, LAURICE G.	_	2.2 NA		-		
STREET ADDRESS	A474 OD LOTOCE OULIDOU	ROAD		EET ADDRESS	Ş		
CITY-ST-ZIP	CANTONMENT FL	.,,,,,,			•		
TITLE		☐ DELE		Y-ST-ZIP		Change Addition	
NAME			3.2 NAM		<u>-</u>	Township Til vanitsiii	
STREET ADDRESS				ì			
				EET ADDRESS			
CITY-ST-ZIP TITLE		DELE		Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	
					L	_I Change L Addition	
NAME			4. 2 NA				
STREET ADDRESS				eet address			
CITY-ST-ZIP		T Sec.		r-ST-ZIP			
TITLE		DELET			L.	Change Addition	
NAME			5.2 NAN				
STREET ADDRESS			. 5.3 STR	EET ADDRESS		Ì	
CITY-ST-ZIP		········		/- \$T-ZIP			
TITLE		☐ DELET	E 6.1 TITL	E		Change Addition	
NAME			6.2 NAN	16		1	
STREET ADDRESS			6.3 STR	EET ADORESS			
CITY-ST-ZIP			6.4 City	'-ST-ZIP			

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.