## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Corporation Name

DOCUMENT # L90422

(1)

COLE/TACKETT ACCOUNTING, INC.

Principal Place	of Business	Mailing Address				
9340 NORTH S6TH STREET SUITE 220 TEMPLE TERRACE FL 33617		SUITE 220				
		TEMPLE TERRACE FL 33617		3. Date Incorporated or Qualified 08/02/1990	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3023323	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zıρ	Country	Ζφ	Count	y	8. This corporation has liability to	
24	25	29	30		Florida Statutes Yes	<del></del>
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	legistered Agent
			В	1 Name		
TACKETT, PAMELA 9340 N 56TH ST			8	2 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
STE 220			83			
TAMPA F	FL 33617		8	4 City		FL 85 Zip Code
l or register	red agent, or both, in the State of Fi th, and accept the obligations of Sc Statute typed or printed have in the general as	orida. Such change was author oct on 607.0505, Florida Statute sensed need approach	ized by the co is. and AugsselfA	rporation's boa		DATE
12.	OFFICERS /	AND D.RECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change
THTLE	D	☐ DELETE	1 1 111			Li Grange Li Addition
NAME	TACKETT, PAMELA		1.2 NAM			
STREET ADDRESS	9340 N 56TH ST 220			EH ADDRESS		
CITY - ST - ZIP	TAMPA FL	DELETE	2 1 Till	-ST-ZIP		Change Addition
TITLE	D COLE, G	beer to	2 2 NAN			
NAME STREET ADDRESS	9340 N 56TH ST 220			EFT ADDRESS		
CITY-ST-ZIP	TAMPA FL			-S1-ZIP		
1:1LE	TAMI A I C	DELETE	3 1 TIT			Charige Addition
NAME		-	3 2 NAM	16		
STREET ADDRESS			33 SIF	IEET ADORESS		
CITY-ST-ZIP			3.4 C(1)	(-SI-ZIP		F-1
TITLE		☐ DELETE	4 1 717	LE		Change Addition
NAME			4.2 NA3			
STREET ADDRESS				FET ADDRESS		
CITY-ST-ZIP		F DC CT		Y - ST - ZIP		Change Addition
TITLE		☐ DELETE	\$ 1 TIT			Change Addition
NAME			5.2 NA1			
STREET ADDRESS				SET ADORESS		
CITY-ST-ZIF		DELETE	5 4 CIT 6 1 T-I	Y-ST-ZIP		Change Addition
TITLE			6 2 NA			
NAME PARELY ADDRESS				IEE! ADDRESS		
STREET ADDRESS				Y - \$1 - ZIP		
CITY - ST - ZIP			0401	1.21,51		2.07.000 50 01-00-0

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indirected on this archial 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 preclain 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 I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/29/94

(813)988-5521

R2E034 (12/95)