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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90093 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98833

1. Corporation Name
ACCELERATED REPORTING, INC.



Principal Place of Business
**13 NE 12 STREET
DELRAY BEACH FL 33444
US**

Mailing Address
**P.O. BOX 1686
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

65-0082981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 MOVED TO TENNESSEE

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 PO BOX 1618

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**WHITEHEAD, REGINA L
13 NE 12 STREET
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name

**REGINA WHITEHEAD
C/O JOSEPH MAHER, III, CPA**

82 Street Address (P.O. Box Number is Not ~~Accepted~~)

~~1100 N. SPRING ST.~~ 1900 S. DIXIE HWY, SUITE 3-B

83

~~MURFREESBORO, TN~~ BOCA RATON,

84 City

FL FL

85 Zip Code

33432

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 **REGINA WHITEHEAD, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **WHITEHEAD, REGINA L**
STREET ADDRESS **13 NE 12 STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **WHITEHEAD**
1.4 CITY-ST-ZIP **1100 N. SPRING ST.
MURFREESBORO, TN 37130**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

REGINA WHITEHEAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

615-407-4755

Daytime Phone #

CR2E034 (11/98)