FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002383 (8)

1. Corporation Name

CPA SOLE PRACTITIONERS, INC.

Principal Place of Business	Mailing Address
107 JUNIPER ST NICEVILLE FL 32578	107 JUNIPER ST NICEVILLE FL 32578

3. Date Incorporated or Qualified: **05/24/1993**

3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **59-3183991** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SAXON, K. WARD III
107 JUNIPER ST
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, Type or Print Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☑ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CLAYCOMB, FRANK R JR.	12 NAME	
STREET ADDRESS	217-C HWY 98 SW	13 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	14 CITY-ST-ZIP	
TITLE	D ☑ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HAYNES, JOHN R	22 NAME	
STREET ADDRESS	90 BEAL PKWY SW SUITE E	23 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	24 CITY-ST-ZIP	
TITLE	PD ☑ DELETE	31 TITLE	SD ☐ Change ☑ Addition
NAME	WALLACE, JEANIE M	32 NAME	SMYTH, SANYA A.
STREET ADDRESS	108 BEAL PKWY S	33 STREET ADDRESS	83 W. JOHN SIMS PKY
CITY-ST-ZIP	FT WALTON BEACH FL	34 CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	TD ☐ DELETE	41 TITLE	VD ☑ Change ☐ Addition
NAME	PATRICK, ROBERT G	42 NAME	
STREET ADDRESS	623 HWY 98 EAST STE 7	43 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	44 CITY-ST-ZIP	
TITLE	V ☐ DELETE	51 TITLE	PD ☑ Change ☐ Addition
NAME	SAXON, K. WARD III	52 NAME	
STREET ADDRESS	107 JUNIPER ST	53 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	54 CITY-ST-ZIP	
TITLE	S ☐ DELETE	61 TITLE	TD ☑ Change ☐ Addition
NAME	BORAH, BEVERLY	62 NAME	~~SMYTH, SANYA A.~~
STREET ADDRESS	1234 AIRPORT RD STE 104	63 STREET ADDRESS	~~83 W. JOHN SIMS PKY~~
CITY-ST-ZIP	DESTIN FL	64 CITY-ST-ZIP	~~VALPARAISO, FL 32580~~

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K. Ward Saxon III K.WARD SAXON III 1-17-96 (904)678-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)