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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

107 JUNIPER ST
NICEVILLE FL 32578

Mailing Address

107 JUNIPER ST
NICEVILLE FL 32578-20333. Date Incorporated or Qualified
05/24/19933a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 31 WALTER MARTIN AVE

2a. Mailing Address

26 31 WALTER MARTIN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. WALTON BEACH, FL

City & State

28 FT. WALTON BEACH, FL

Zip

24 32548

Country

25 USA

Zip

29 32548

Country

30 USA

4. FEI Number

59-3183991

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

WELCH, PAUL

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

31 WALTER MARTIN AVE.

83

84 City

FT. WALTON BEACH

FL

85 Zip Code

32548

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

3/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME SMYTH, SANYA A
STREET ADDRESS 83 W. JOHN SIMS PKWY.
CITY-ST-ZIP VALPARAISO FLTITLE VD ☐ DELETE
NAME PATRICK, ROBERT G.
STREET ADDRESS 623 HWY. 98 EAST, STE. 7
CITY-ST-ZIP DESTIN FLTITLE PD ☒ DELETE
NAME SAXON, K. WARD III
STREET ADDRESS 107 JUNIPER ST.
CITY-ST-ZIP NICEVILLE FLTITLE TD ☐ DELETE
NAME BORAH, BEVERLY
STREET ADDRESS 1234 AIRPORT RD., STE. 104
CITY-ST-ZIP DESTIN FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME WELCH, PAUL
5.3 STREET ADDRESS 31 WALTER MARTIN AVE.
5.4 CITY-ST-ZIP FT. WALTON BEACH, FL 325486.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074828

CR2E037 (9/96)