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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

107 JUNIPER ST

N93000002383 (8)

CPA SOLE PRACTITIONERS, INC.

Principal Place of Business

Mailing Address

107 JUNIPER ST

FILED

Feb 18 1997 8:00am Secretary of State



| Sulto, Apt. #, etc. Sulto, Apt. #, etc. | NICEVILLE FL | 32578 | NICEVILLE FL 32578-2033 | | | |
|--|---|---------------------------------------|--------------------------------------|---|--|------------------------------------|
| Suite, Apri. 4, etc. | | | | | 3. Date incorporated or Qualified 05/24/1993 | |
| Suite, Apt 4, etc. Suite, Apt 4, etc. Suite, A | <u> </u> | | | | PA 040004 | Applied For |
| 27 City & State City & City & State City & City & State City & | | | | ARTIN AVE | 59-3183991 | Not Applicable |
| The state of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent of 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 upon family with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of sections of the statement for the purpose of changing its register agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of directors. I hereby accept the appointment as registered agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of directors. I hereby accept the appointment as registered agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of directors. I hereby accept the appointment as registered agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of directors. I hereby accept the appointment as registered agent lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, submit to the provisions of directors. I hereby accept the appointment as registered agent lam | | #, etc. | ⊢ | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, 32 54 8 30 USA Fiorida Statutes K. Kriss No Signature and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 10. Name wELCH, PAUL 12. Street Address of New Registered Agent 10. Name wELCH, PAUL 12. Name and Address of New Registered Agent 10. Name wELCH, PAUL 12. Name wELCH, PAUL 12. Name wElch Address of New Registered Agent 10. Name wELCH, PAUL 12. Name wElch Address of New Registered Agent 10. Name wELCH, PAUL 12. Name wElch Address of New Registered Agent 10. Name wElch Address of New Registered Agent 10. Name we we were named to corporation submitted by the Corporation 10. Name we were named to corporation 10. Name name and registered agent, or both, in the State of Florida. Such change was suthorized by the corporation 10 directors. I hereby accept the appointment as registered agent 10. Name and 10. Name and 10. Name and 10. Name were named to registered agent 10. Name and 10. Name | | | | DDIAH F | · · · · · · · · · · · · · · · · · · · | |
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| SAXON, K. WARD III 107 JUNIPER ST NICEVILLE FL 32578 ***BILLED F | 24 323 | | | ,, | | |
| 107 JUNIPER ST NICEVILLE FL 32578 83 84 City FT. WALTON BEACH FL 85 32,2548 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 register of agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby sccept the appointment as registered agent and farminar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature. Typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent algorithms when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE SD SMYTH, SANYA A 12 NAME SIREIT ADDRESS 83 W. JOHN SIMS PKWY. 13 STREET ADDRESS CITY-ST-ZIP MAME PATRICK, ROBERT G. 22 NAME STREET ADDRESS 623 HWY. 98 EAST, STE. 7 DESTIN FL 2. 4 CITY-ST-ZIP TITLE PD X DELETE 31 TITLE 1 Change Additional | ,, | | | 81 Name | | |
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| 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 register 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 registere agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNAT | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 84 City | | RE Zin Code |
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| NAME BORAH, BEVERLY 4.2 NAME | NAME | | | • · | | , |
| STREET ADDRESS 1234 AIRPORT RD., STE. 104 4.3 STREET ADDRESS | STREET ADDRESS | | D4 · | 4.3 STREET ADDRESS | | |
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| NAME WELCH, PAUL | | | | | | |
| STREET ADDRESS 31 WALTER MARTIN AVE. | | | | | | VE. |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP FT. WALTON BEACH, FL 3.2548 TITLE DELETE 6.1 TITLE Change Addit | | | DELETE | | FT. WALTON BEACH, | FL 32548 Addition |
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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 of Block 13 if changed, or on an attachment with an address.