

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012991 (5)

1. Corporation Name

ACCURATE ACCOUNTING & TAX INC.

Principal Place of Business

Mailing Address

600 GOODLETTE ROAD NORTH
SUITE 104
NAPLES FL 33940

600 GOODLETTE ROAD NORTH
SUITE 104
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

12/21/1992

2a. Date of Last Report

02/04/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0376414

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, HELEN
600 GOODLETTE RD. N
SUITE 104
NAPLES FL 33940**

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 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

Signature of officer or registered agent and the date of signature

NOTE: Registered Agent signature required when replacing

Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KINCAID, SHELE M
STREET ADDRESS	201 1ST STREET
CITY, ST, ZIP	RUSK TX
TITLE	PS
NAME	WATSON, HELEN
STREET ADDRESS	600 GOODLETTE RD N #104
CITY, ST, ZIP	NAPLES FL 33940
TITLE	VT
NAME	BERRY, FERN
STREET ADDRESS	201 1ST STREET
CITY, ST, ZIP	RUSK TX
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	RUSK, TX. 75785
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	RUSK, TX. 75785
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 887, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Helen Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95

819-261-8100
Telephone Number