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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P93000001372 (0)

BITS & BYTES ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address					- I IEREIDAN IIN NOTEN HUM DONN FL	IAL OBIOI ABOU BA	i <b>s</b> t (1888 )		
6215 SYRINGA LANE JACKSONVILLE FL 32211		6215 SYRINGA LANE JACKSONVILLE FL 32211							
						3. Date Incorporated or Qualified 01/04/1993	3a. Date o	Lest Re 5/01/1	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Applied For	
21)		26			59-3157030		<del></del>	Not Applicable	
Suite, Apt. #, ctc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi				
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
_ <b>∠</b> 3			Country						d to Fees
24	25	29	30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No			
	Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			8	31	Name				
	S, IONA K		8	32	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	YRINGA LANE		_	-			····		
JACKS	ONVILLE FL 32211		8	33					
			8	34	City		FL	<b>65</b> Zip	p Code
11. Pursuant to	the provisions of Sections 607 0502	and 607 1508. Florida Statu	tes the above	e-na	med corpora	ation submits this statement for the purp		ning ite r	egistered office
<ul> <li>or registerer</li> </ul>	d agent, or both, in the State of Florid , and accept the obligations of Section	<ul> <li>Such change was authori.</li> </ul>	zed by the co	rpoi	ration's board	d of directors. Thereby accept the appo	intment as re	gistered	agent. I am
	, and accept the boligations or, seem	on 607.0505, Florida Statute	S.						
SIGNATURE _ s	Qualities, type for point dimanie of regulered agent a	and literatal picable (N	OIL Registered A	gent	signature required	vrhen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI	CERS AND D	IRECTO	RS IN 12
10TEF	DP	□ DELFTE	1. 1 TITL	LE				Change	☐ Addition
NAME	COATES, IONA K		1.2 NAM	Æ					
STREET ADDRESS	6215 SYRINGA LANE		1.3 \$TR	EEFA	ODRESS				
City-S1-20	JACKSONVILLE FL 32211 DV	Fig Drive	1.4 C/TY		- ZIP				
THE	COATES, DAVID S	DELETE	2 1 TITL				Ц	Change	☐ Addition
NAME Clark Laborators	6215 SYRINGA LANE		2 2 NAM						
STREET ADDRESS	JACKSONVILLE FL 32211		2 3 STREET ADDRESS						
TILLE		DELETE		.2 4 CHTY - ST - ZIP 3 1 TITLE				Change	Addition
NAME		hand -	3.2 NAM						
STHEFT ADDRESS					ADDRESS				
CHY SE ZIF			3 4 City						
1014F		☐ DELETE	4. 1 TITL	LE				Change	Addition
NAME			4 2 NAM	fF					
STELL LADORESS			4 3 STRE	EET A	DDRESS				
CITY-\$1-7IP			4 4 C/TY	(-SI-	- <b>2</b> IP				
MILE		☐ DELETE	5 1 HTL					Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS			5 3 STRE						
CHTY-ST-ZIE		DELETE	5 4 CHY 6 1 TITL		· Z)P			Change	Addition
NoME		LI peccie	6 2 NAM					eminge.	- CONTON
STHELL ADDRESS					ODRESS				
CHY-SI-ZIF			6 4 CITY						
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily fur	nished and de	oes	not qualify fo	or the exemption stated in Section 119.0	07(3)(k), Florid	a Statut	es. I further
oath; that f	the information indicated on this annu- am an officer or director of the corpor Block 12 or Block 13 if changed, or o	ation or the receiver or trust	ee empowere	true d to	and accurat execute this	te and that my signature shall have the s s report as required by Chapter 607, Flo	same legal ef rida Statutes	ect as if and tha	made under at my name

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96 904-398-8665