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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000077948 1. Corporation Name ACCU-SALES, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90121 040 ***150.00



| | | | | | | <u> </u> | | | |
|---|---|------------------------------|--|---|--|--|-----------------------------|----------------|------------|
| Principal Place of Business Mailing Address | | | | | | 1,00,000 | | _ /_ / | |
| 6026 SARAGOSSA STREET P.O. BOX 1378 | | | | | | | | | |
| NEW PORT RICHEY FL 34653 | | NEW PORT RICHEY FL 34653 | | | | | | _ | |
| | | US | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Ir corporated or Qualifed | | | |
| | | | | | | 11/05/1993 | | | |
| 2. Principa Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | - | ed For |
| 21 | | 26 | | | | <u>59-32 13046</u> | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | . 75 Ad | |
| 22 | | 27 | | | | 3. Certificate of citates becomes | F | ee Recu | ired |
| City & State | e | City & State | _ | | | 6. Election Campaign Financing | \$5 | .00 м | ay Be |
| 23 | | 28 | | | | Trust Fund Contribution | A | ded to | Fees |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the current ye | ar Intangible | ! | / |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | s [? | No |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Regist | ered Agent | | |
| | | | _ | 81 | Name | | | | |
| WEL. | TON, DAVID E | | | - | O+ 4 | (S.C. B., N., has in Not Acceptable) | | | |
| 6026 | SARAGOSSA STREET | | | 82 | Street Acd | Iress (P.O. Box Number is Not Acceptable) | | | |
| NEW | PORT RICHEY FL 34653 | | | 83 | | | | | |
| | | | | | | | | | |
| | | | | 84 | City | • | E 85 | Zip Co | de |
| | | 1007 1500 50 11 01 1 | | | | and a submit the statement for the numb | C L shapei | ng ite r | nietered |
| offico cre | egistered agent or hold in the State o | t Florida. Such change was : | BUIDORZEC | ועמו | ine corporati | poration submits this statement for the purpo ion's board of cirectors. I hereby accept the | se of changi appointment | as regis | tered |
| agent. Fai | m familiar with, and accept the obligati | ons of, Section 607.0505, Fl | orida Stati | utes. | | | | | ! |
| SIGNATURE | | | | | | | | | \ |
| | Signature, typed or printed na ne of registered agent | | | Agent | t signature require | ed when reinstating) DA | | E O T O E | - IN 42 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICER | | | Addition |
| TITLE | D | ☐ DELETE | 1,1 TI | TLE | | | ☐ Ch | ange | ☐ Addition |
| NAME | WELTON, DAVID E | | 1.2 N | 3MA | | | | | |
| STREET ADDRE 3S | 6026 SARAGOSSA STREET | | 13 S | TREET | ADDRESS | | | | + |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34653 | | 14 CI | TY-ST | r-ZIP | | | | |
| TITLE | D | ☐ DELETE | 2.1 TI | TLE | | | □ cr | ange | ☐ Addition |
| NAME | CARTER, BARBARA | | 2.2 N | AME | | | | | |
| STREET ADDRESS | 6735 AMARILLO STREET | | 23 \$3 | REET | ADDRESS | | | | |
| | PORT RICHEY FL 34668 | | 200 | IIKEEI | ADDITEGO | | | | |
| CITY-ST-ZIP | PURI RIUNET FL 34000 | | | | T 710 | | | | |
| TITLE | | □ DELETE | _ | ITY-S | T- ZIP | | | ange | Addition |
| | | ☐ DELETE | 3.1 TI | TLE | T- ZIP | | | ange . | Addition |
| NAME | ç. | ☐ DELETE | 3.1 TF 3.2 N/ | TLE AME | | | C | ange | Addition |
| NAME STREET ADDRESS | | ☐ DELETE | 3.1 TF 3.2 N/ | TLE AME | T-ZIP ADORESS | | C+ | ange | Addition |
| ì | | | 3.1 TI 3.2 NA 3.3 S ⁻ 3.4. C | TLE AME TREET CITY-S | ADORESS | | | | |
| STREET ADDRESS | | ☐ DELETE | 3.1 TI 3.2 N/ 3.3 S | TLE AME TREET CITY-S | ADORESS | | | | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | 3.1 TI 3.2 NA 3.3 S ⁻ 3.4. C | TLE AME TREET CITY-S' TLE | ADORESS | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | 3.1 TI 3.2 N/ 3.3 S 3.4. C 4.1 TI 4.2 N | TLE AME TREET CITY-S' TLE IAME | ADORESS | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 3.1 Tl' 3.2 N/ 3.3 S' 3.4. C 4.1 Tl' 4. 2 N/ 4.3 ST | TLE AME TREET CITY-S' TLE IAME | ADDRESS T-ZIP | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 Tl' 3.2 N/ 3.3 S' 3.4. C 4.1 Tl' 4. 2 N/ 4.3 ST | TLE AME TREET CITY-S' TLE HAME IREET | ADDRESS T-ZIP | | | nange | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 3.1 TI 3.2 N/ 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 ST | TLE AME TREET TLE IAME TREET TY-ST TLE TREET | ADDRESS T-ZIP | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME | | ☐ DELETE | 3.1 TI 3.2 N/ 3.3 S' 3.4. C 4.1 TI 4. 2 N 4.3 ST 4.4 Ci 5.1 TI 5.2 N/ | TLE AME TREET CITY-S' TLE IAME TREET ETY-ST TLE AME | ADDRESS T-ZIP ADDRESS T-ZIP | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S | | ☐ DELETE | 3.1 TI 32 N/ 33 S' 3.4 C 41 TI 4.2 N 4.3 SI 4.4 C 6 51 TI 52 N/ 5.3 SI 53 SI | TLE AME TREET TLE IAME TREET TLE TLE AME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP. | | ☐ DELETE | 3.1 TI 32 N/ 33 S' 3.4 C 41 TI 4.2 N 4.3 SI 4.4 C 6 51 TI 52 N/ 5.3 SI 53 SI | TLE TREET TREET TLE HAME TREET TLE HAME TREET TLE HAME TREET TLE TREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP. TITLE TITLE TITLE TITLE | 1. | ☐ DELETE | 3.1 TT 3.2 N/3 3.3 ST 3.4 . CC 4.1 TT 4.2 N/4.3 ST 4.4 CC 5.1 TT 5.2 N/5.3 ST 5.4 CC 6.1 TT 6.1 TT 7.5 CC 7 | TLE TREET OTTY-S TLE HAME TREET OTY-ST TLE TLE TLE TLE TLE TREET TLE TREET TLE TREET TTLE | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME | | ☐ DELETE | 3.1 TT 3.2 N/3 3.3 ST 3.4 CC 4.1 TT 4.2 N/4 CC 5.3 ST 5.4 CC 6.1 TT 6.2 N/4 CC 7.5 N/4 CC 7.5 | TLE TREET TREET TILE HAME TREET TILE TILE TILE TILE TILE TILE TILE T | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | nange | Addition |
| STREET ADDRE SS CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP TITLE NAME STREET ADDRE 3S CITY- ST-ZIP. TITLE TITLE | | ☐ DELETE | 3.1 TT 3.2 N/3 3.3 ST 3.4. CC 4.1 TT 4.2 N/4. CS 1.5 S S S S S CC 4.1 TT 6.2 N/6.3 ST 6.3 ST | TLE TREET TREET TILE HAME TREET TILE TILE TILE TILE TILE TILE TILE T | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | | | nange | Addition |

14. I 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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of each an attachment with an address, with all other like empowered.

SIGNATURE: