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

PROFIT CORPORATION ANNUAL REPORT

1996



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

| DO | CUMENT | # | P930 |
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|    |        |   |      |

)UUUBEESS (E)

| FOLLOWELL ACCOUNTING SERVICES & TAXES, INC.       |   |   |                                 |  |  |   |  |  |
|---|---|---|---------------------------------|--|--|---|--|--|
| Principal Place of Business Mailing Address       |   |   |                                 | <u> </u>                                   | 18160 <b>8</b> 4810 81110 41810 1886 1881  |   |  |  |
| 2701 F MANATEE AVE W<br>BRADENTON F1. 34205<br>US |   | 2701 F MANATEE AVE W<br>BRADENTON FL 34206<br>US                |                                 |  |  |   |  |  |
| 03  |   | 03  |                                 |  | 3. Date incorporated or Qualified 11/08/1993                                       |   | of Last Report<br>04/07/1995   |  |
| 2. Principal Plac                                 | ce of Business  | 2a. Mailing Address   |                                 |  | 4. FE! Number  |   | Applied For  |  |
| 21  |   | 26  | 6                               |  | 59-3210211   |   | Not Applicable   |  |
| Suite, Apt. #, etc.                               |   | Surte, Apt. #, etc.   | ·¬                              |  | 5. Certificate of Status Desired   |   | \$8.75 Additional  |  |
| City & State                                      |   | City & State  |                                 |  | E Floriton Compaign Financing  |   | Fee Required   |  |
| 3   |   | 28  |                                 |  | 6. Election Campaign Financing Trust Fund Contribution                             |   | \$5.00 May Be<br>Added to Fees   |  |
| Zip Country                                       |   | Ziρ   | ρ Country                       |  | 8. This corporation has liability for intanguale tax under s. 199.032,             |   |  |  |
| 4   | 25  | 29  | 30                              |  | Florida Statutes   |   |  |  |
| <del></del>                                       | 9. Name and Address of Curren   | t Registered Agent  | 81                              | r killer                                   | 10. Name and Address of New  | Registered  | Agent  |  |
|   |   | Name  |                                 |  |  |   |  |  |
|   | VELL, VICKY H   |   | 82                              | Street Addr                                | ess (P.O. Box Number is Not Accepta  | ble)  |  |  |
|   | ' manatee avenue west<br>Iton FL 34205  |   | 83                              |  |  |   | <del></del>  |  |
| DNADEN  | NION FL 34203   |   |                                 |  |  |   |  |  |
|   |   |   | 84                              | City                                       |  | FL  | 85 Zip Code  |  |
| or registered familiar with                       | d agent, or both, in the State of Floric, and accept the obligations of, Sectionary Granic Special States of Figure 2 (Section 2014). | la. Such change was authorize<br>on 607.0505, Florida Statutes. | ed by the corp                  | oration's bloar                            | ation submits this statement for the pure of directors. Thereby accept the app     | pointment as  | registered agent. I am   |  |
| 12.   | OFFICERS AND  |   | 13.                             | 1 4 2 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDITIONS/CHANGES TO OF  |   | DIRECTORS IN 12  |  |
| TITLE   | D   | DELETE  | 1. 1 TIT; F                     | · [  |  | [   | Change  Addition   |  |
| NAME  | FOLLOWELL, VICKY H  |   | 1.2 NAME                        |  |  |   |  |  |
| STREET ADDRESS 2701 "F" MANATEE AVENUE V          |   | WEST  | 1.3 STREET                      | ADURESS                                    |  |   |  |  |
| CITY - ST - ZIP                                   | BRADENTON FL 34205  | ED MULTI  | 14 CH Y - S                     | 1-219                                      |  | · <u>-</u> | Cooper El Addition   |  |
| TITLE   |   | DETELE  | 2 1 THL <del>E</del><br>22 NAME |  |  | L   | Criange Addition   |  |
| NAME<br>STREET ADDRESS                            |   |   | 2.3 STEEFT                      | ANDRESS                                    |  |   |  |  |
| CITY-ST-7IP                                       |   |   | 2 4 CITY - S                    |  |  |   |  |  |
| TILE  |   | ☐ DELETE  | 3. 1 TIJLE                      |  |  | [   | Change Addition  |  |
| NAMÉ  |   |   | 3.2 NAME                        |  |  |   |  |  |
| STREET ADDRESS                                    |   |   | 3.3 \$THEF                      | LADDRESS                                   |  |   |  |  |
| CHY-S1-ZIP  |   |   | 3.4 CITY - S                    | T-20P                                      |  |   |  |  |
| TITLE   |   | ☐ DELET€  | 4. 1 TIT <sub>4</sub> E         |  |  | L   | Change  Addition   |  |
| NAME<br>STREET ADDRESS                            |   |   | 4.2 NAME<br>4.3 STREET          | ADDRESC                                    |  |   |  |  |
| CITY-ST-ZIP                                       |   |   | 4.4 CITY S                      |  |  |   |  |  |
| TITLE   |   | DELFIE  | 5 1 THE                         |  |  | ]   | Change   |  |
| NAME  |   |   | 5.2 NAME                        |  |  |   |  |  |
| STREET ADDRESS                                    |   |   | 5.3 S*HEE1                      | ADORESS                                    |  |   |  |  |
| CITY-ST-7IP                                       |   |   | 5.4 CITY - S                    | IT-ZIP                                     |  |   | a constant a state of the control of the state of the sta |  |
| TITLE   |   | DELETE  | 6 1 TITLE                       |  |  | [   | Change [ Addition  |  |
| NAME  |   |   | 6.2 NAME                        |  |  |   |  |  |
| STREET ADDRESS                                    |   |   | 6.3 STREET                      |  |  |   |  |  |
| 14. I do hereby                                   | certify that the information supplied v   | vith this fring is voluntarily furni                            | 64011Y-S<br>ished and doe       | and the man a training of the              | or the exemption stated in Section 119   | 9.07(3)(k), Flc   | rida Statutes. I further   |  |
| certify that t                                    | he information indicated on this annu   | a: report or supplemental annu                                  | uat report is tru               | ue and accura                              | ite and that my signature shall have the<br>s report as required by Chapter 607, F | e same legal.   | effect as if made under  |  |
|   | Block 12 or Block 13 if changed, of o   |   |                                 | II DAGGGG CH                               |  | 0 11  | 4 (0 0 -   |  |
| SIGNAT  | JRE: VICHA H.   | FUNDED NAME OF SIGNING OFFICE                                   | R OR DIRECTOR                   |  | 3/27/96  | 44/   | 748-8310   |  |