FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address

2701 F MANATEE AVE W

BRADENTON FL 34205

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

appears in Block 12 or B

SIGNATURE:

2701 F MANATEE AVE W BRADENTON FL 34205



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086622 (6)

FOLLOWELL ACCOUNTING SERVICES & TAXES, INC.

59-3210211 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Z_{Φ} Country Zφ Country 8. This corporation has liability for intangible tak under s. 199.032, **N**No 24 25 29 30 Florida Statutes ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOLLOWELL, VICKY H 2701 "F" MANATEE AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 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 Stgnative Type dior proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TELL 1.1 TITLE FOLLOWELL, VICKY H NAME 1.2 NAME 2701 "F" MANATEE AVENUE WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** DilY-ST-7₽ 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 1044 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Cil 1 - S7 - 26 DELETE Change Addition BRU 3.1 TITLE NAME 3.2 NAME STREE! ACORESS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP Off r - ST - 71P Change DELETE Addition TITLE 4.1 THUE NAME 4 2 NAME STREET ACORESS 4.3 STREET ADDRESS C017-S1-2IP 4.4 CITY - \$1 - ZIP DELETE Change Addition HILF 5.1 TO LE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP COTY-ST-20P DELETE Addition TITLE 6.1 TITLE NAM 6.2 NAME SURSEL ADDRESS 6.3 STREET ADDRESS CHY-51-20 6.4 CITY - ST - ZIP 14. I do hereby certily 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

FILED Feb 24 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

(96/6)

04/02/1996



3. Date Incorporated or Qualified

11/08/1993

4. FEI Number