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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086622 (6)

FOLLOWELL ACCOUNTING SERVICES & TAXES, INC.

	4.5	11 11 11 11		
Principal Place		Mailing Address		
2701 F MANA		2701 F MANATEE AVE	W	
BRADENTON FL 34205 US		BRADENTON FL 34205 US		DO NOT WRITE IN THIS SPACE
		••		3. Date incorporated or Qualified
				11/08/1993
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3210211 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27		Fee Required
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	1	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intendible
24		[29]	30	Personal Property Tax due June 30. Yes 🔼 No
	9. Name and Address of Cui	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	L LOWELL , VICKY H		oi Name	
2701 "F" MANATEE AVENUE WEST		ST	82 Street	Address (P.O. Box Number is Not Acceptable)
BR/	ADENTON FL 34205			
			83	
			84 City	85 Zip Code
				FL <u>`</u>
11. Pursuant t	to the provisions of Sections 607.	0502 and 607,1508, Florida Stati	utes, the above-named	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
OINIOO OF IT	m familiar with, and accept the of	blootions of Caption 607 0505	Florida Statutos	portition a board of directors. Thereby accept the apparation as registered
agent. I ar	The second secon	onganoris or, Section 607.0505, i	fortua Gratutes.	
-		oligations of, Section 607.0505, i	forida Gtatules.	
SIGNATURE .	Signature, typed or printed name of registered	d agent and title if applicable (NC	DTE. Registered Agent signatur	re required when reinstating) DATE
SIGNATURE .	Signature, typed or printed name of registered OFFICERS	d agent and little if applicable (NC	DTE. Registered Agent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE .	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable (NC	DTE Registered Agent signatur 13. 1.1 TITLE	re required when reinstating) DATE
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