

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

5-1-96 P-6076

DOCUMENT # P94000006849 (1)

1. Corporation Name

ACCS OF CENTRAL FLORIDA, INC.



Principal Place of Business

6115 BAKER RD.
UNIT #12
NEW PORT RICHEY FL 34653
US

Mailing Address

6115 BAKER RD.
UNIT #12
NEW PORT RICHEY FL 34653
US

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

6433 Woodland Lane

4. FEI Number

59-3219152

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

New Port Richey, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

34653

30

Pasco

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITTAKER, WILLIAM
6433 WOODLAND LANE
NEW PORT RICHEY FL 34653

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0501, Florida Statutes.

SIGNATURE

Barbara Whittaker

(Signature, typed or printed name of registered agent and the corporation)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME WHITTAKER, WILLIAM
STREET ADDRESS 6433 WOODLAND LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

D
NAME WHITTAKER, BARBARA
STREET ADDRESS 6433 WOODLAND LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Barbara Whittaker

(Signature and typed or printed name of signing officer or director)

4/30/96

813-845-7678

CR2E034 (12/95)