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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000038304

1. Corporation Name

AMERICAN BOOKKEEPING SERVICE, INC.

Principal Place of Business		Mailing Address							
708 GROVELAND AVE		708 GROVELAND AVE							
VENICE FL 34292		VENICE FL 34292				DO NOT WRITE IN THIS SPACE			
US		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/16/1994			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0490597			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	quirea
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Count	iry		8. This corporation owes the curr	rent year Ir		_
24	25	29 3	30			Personal Property Tax.		☐ Yes	□No
	Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered	Agent	
			8	11	Name				
	TLETT, CHARLES J		ļ	32	Street Addres	ss (P.O. Box Number is Not Accept	ahle)		
2033 MAIN ST.			02		Stiget Addies	ss (1.0. box Hamoer is Not Accept	аысу		
SUITE 600			8	13					
SARASOTA FL 34237			L	┸					
					City		FI	- (
11. Pursuant i	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-ı	named corpor	ration submits this statement for the	purpose o	f changing its	registered
office or re	egistered agent, or both, in the State mailiar with, and accept the obligations.	of Florida. Such change was aut	tnorizea b	חז עכ	ne corporation	is board of directors. I hereby acce	pt the appo	animeni as rej	gistered
	III tattilitat with, and accept the oblige	tions of, dection out to be	aa otatait	٠.					Į
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	gent s	signature required v	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	E				Change	☐ Addition
NAME	SCHUMAKER, MELISSA Q		1.2 NAME	Ε			•		
STREET ADDRESS	708 GROVELAND AVE		1.3 STRE	ET A	ADDRESS				j
CITY-ST-ZIP	VENICE FL								ì
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		T DELETE	1.4 CITY-		<u> </u>			Change	☐ Addition
ì		☐ DELETE	2.1 TITLE		<u> </u>			Change	☐ Addition
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: