

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90060 014 \*\*\*150.00

DOCUMENT # P94000072883

1. Corporation Name

CEDAR KEY TAX AND ACCOUNTING SERVICE, INC.



Principal Place of Business

~~12232 FRANKO CIRCLE  
AND FRANKO DRIVE  
CEDAR KEY FL 32625  
US~~

Mailing Address

~~P.O. BOX 46  
CEDAR KEY FL 32625~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 ~~12232~~ NE 7th St (NO MAIL)

2a. Mailing Address

26 PO BOX 96

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TRENTON FL

City & State

28 TRENTON, FL

Zip

24 32693

Country

25 US

Zip

29 32693

Country

30 US

3. Date Incorporated or Qualified

09/30/1994

4. FEI Number

59-3269682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F  
~~12232 FRANKO CIR  
AT HIGHWAY 24 AND FRANKO DRIVE  
CEDAR KEY FL 32625~~

10. Name and Address of New Registered Agent

81 Name

Causesy, Kathryn F

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

413 NE 7th St (NO MAIL)

83

PO BOX 96 (MAIL)

84 City

Trenton

85 Zip Code

FL

32693

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

*Kathryn F Causey*

4/27/99

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAUSEY, KATHRYN F

STREET ADDRESS ~~12232 FRANKO CIR~~

CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE:

*Kathryn F Causey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

352-463-0502  
Daytime Phone #

CR2E034 (11/98)

0065222