

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90060 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000072883**

1. Corporation Name
CEDAR KEY TAX AND ACCOUNTING SERVICE, INC.



Principal Place of Business
~~12202 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 ~~12202 FRANKO CIRCLE~~ **413 NE 7th ST (NO MAIL)**
 Suite, Apt. #, etc.
 22
 City & State
 23 **TRENTON FL**
 Zip Country
 24 **32693** 25 **US**

2a. Mailing Address
 26 **PO BOX 96**
 Suite, Apt. #, etc.
 27
 City & State
 28 **TRENTON, FL**
 Zip Country
 29 **32693** 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 Trust Fund Contribution **\$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 **Causey, 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* DATE **4/27/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUSEY, KATHRYN F	1.2 NAME	
STREET ADDRESS	12232 FRANKO CIR	1.3 STREET ADDRESS	413 NE 7th ST (NO MAIL)
CITY-ST-ZIP	CEDAR KEY FL 32625	1.4 CITY-ST-ZIP	Trenton, FL 32693
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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* DATE **4/27/99** Daytime Phone # **352-463-0502**

CR2E034 (11/98)