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

(1)

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 98

FILED
98 MAY 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077900

1. Corporation Name
ACCOMPLICE, INC.

Principal Place of Business
645 MAYPORT RD SUITE 3D
ATLANTIC BEACH FL
32233

Mailing Address
(same)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 645 MAYPORT RD	26 645 MAYPORT RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 3D	27 SUITE 3D
City & State	City & State
23 JACKSONVILLE BEACH FL	28
Zip 24 32233	Zip 29
Country 25 USA	Country 30

3. Date Incorporated or Qualified

4. FEI Number 59-3304676 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEVIN O'MALLEY
515 N 11TH AVE
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

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 Section 607.1905, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, and the address of the registered office or the address of the business office of the registered agent, as required by Section 607.0505, Florida Statutes.

SIGNATURE: Kevin O'Malley KEVIN O'MALLEY PRESIDENT 4/20/98
(Required) (Registered Agent, if changed) (Required) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	KEVIN O'MALLEY	
STREET ADDRESS	515 N. 11TH AVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	900025461 19---6
13 STREET ADDRESS	-06/03/98--01063--015
14 CITY-ST-ZIP	****165.00 ****165.00
21 TITLE	☐ Change ☐ Addition
22 NAME	900025461 19---6
23 STREET ADDRESS	-06/03/98--01063--016
24 CITY-ST-ZIP	****150.00 ****150.00
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

450 6/27/98

14. I hereby certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Kevin O'Malley KEVIN O'MALLEY PRES. 4/20/98 904-247-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)