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

PROFIT CORPORATION **ANNUAL REPORT**

1998



HI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087051 (6)

NELSEN'S TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address 6516 GEORGIA AVE. 6516 GEORGIA AVE. BRADENTON FL 34207 **BRADENTON FL 34207** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/28/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65-0539933 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. X Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NELSEN, JAMES A 6516 GEORGIA AVE Street Address (P.O. Box Number is Not Acceptable) 82 BRADENTON FL 34207 83 84 City 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tille it applicable. DATE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE **NE**LSEN, JAMES A 1.2 NAME NAME 6516 GEORGIA AVE. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-S1-7IP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- \$1- ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

CITY-ST-ZIP Thereby 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

4/29/98

(941)751-4281

FILED

May 12 1998 8:00am

Secretary of State