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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000000740 (7)

1. Corporation Name
LAMBERSON ACCOUNTING SERVICES, INC.



Principal Place of Business

2430 SHADOWLAWN DR
SUITE 9
NAPLES FL 34112
US

Mailing Address

2430 SHADOWLAWN DR
SUITE 9
NAPLES FL 34112-4801
US

2. Principal Place of Business

21 3339 BASIN ST
Suite, Apt. #, etc.

22 City & State
NAPLES FL

23 Zip Country
34112 US

24 34112 US

2a. Mailing Address

26 PO BOX 10548
Suite, Apt. #, etc.

27 City & State
NAPLES FL

28 Zip Country
34101 US

29 34101 US

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

08/09/1996

4. FEI Number

65-0547288

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMBERSON, ERIC E
2430 SHADOWLAWN DR
SUITE 9
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name LAMBERSON ERIC E
82 Street Address (P.O. Box Number is Not Acceptable)
3339 BASIN ST
83
84 City NAPLES FL 85 Zip Code 34112

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]*

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

(NOTE: Registered Agent signature required when re-registering)

4-21-97
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME LAMBERSON, ERIC E
STREET ADDRESS 3339 BASIN ST
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

TITLE VT
NAME LAMBERSON, DARLA L
STREET ADDRESS 3339 BASIN ST
CITY-ST-ZIP NAPLES FL 33962 ☐ DELETE

TITLE S
NAME LAMBERSON, LAURA B
STREET ADDRESS 3339 BASIN ST
CITY-ST-ZIP NAPLES FL 33962 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME LAMBERSON ERIC E
1.3 STREET ADDRESS 3339 BASIN ST
1.4 CITY-ST-ZIP NAPLES FL 34112 ☒ Change ☐ Addition

2.1 TITLE VT
2.2 NAME LAMBERSON DARLA L
2.3 STREET ADDRESS 3339 BASIN ST
2.4 CITY-ST-ZIP NAPLES FL 34112 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE *[Signature]* 4-21-97

CR2E034 (9/96)