

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014704 (7)

1. Corporation Name

AMERICAN BOOKKEEPING, INC.



Principal Place of Business

526 W MICHIGAN AVE
PENSACOLA FL 32505

Mailing Address

525 W MICHIGAN AVE
PENSACOLA FL 32505
P.O. Box 57
MELBOURNE, FL

2. Principal Place of Business

2a. Mailing Address

21 1495 DONNA MARIE DR.

26 P.O. Box 57

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MELBOURNE FL

28 MELBOURNE FL

Zip

Country

Zip

Country

24 32904

25 BREVARD

29 32902

30 BREVARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

4. FEI Number

59-3303743

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

10. Name and Address of New Registered Agent

JENKINS, RICHARD T
525 W MICHIGAN AVE
PENSACOLA FL 32505

81 Name

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

1495 DONNA MARIE DR.

83

84 City

MELBOURNE

FL

85 Zip Code

32904

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]

RICHARD T. JENKINS (PRES)

1-30-96

Signature typed or printed name of registered agent

DATE Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D JENKINS, RICHARD T
STREET ADDRESS 525 W MICHIGAN AVE
CITY-ST-ZIP PENSACOLA FL 32505

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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

☐ Change ☐ Addition

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD T. JENKINS

1-30-96

407.724.6574

Date

Outside Phone #

CR2E034 (12/95)