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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014704

1. Corporation Name

AMERICAN BOOKKEEPING, INC.

ı		
Ì	Principal Place of Business	Mailing Addr
	1495 DONNA MARIE DR MELBOURNE FL 32904 US	P.O. BOX 57 MELBORNE F US

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90036 037 ***150.00



1495 DONNA M MELBOURNE FL US		P.O. BOX 57 MELBORNE FL 32902 US			DO NOT WRITE IN THIS SPACE				
			_		3. Date Incorporate 02/22/1995	ed or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21					59-3303743	59-3303743		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Sta	5. Certifcate of Status Desired See Require			
City & State	9	City & State	City & State		· · ·	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip	Zip Country		· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the current year Intangible Personal Property Tax.			
,	9. Name and Address of Curre				10. Name and Add	ress of New Register	ed Agent		
			81	Name					
JENKINS, RICHARD T 1495 DONNA MARIE DR				Street /	dress (P.O. Box Number is Not Acceptable)				
	BOURNE FL 32904		83						
							Jack -	Zin Codo	
			84	City		F	FL 85 Z	Zip Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized by	the corpo	corporation submits this sta oration's board of directors.	tement for the purpose I hereby accept the ap	of changing pointment a	its registered s registered	
SIGNATURE			_						
	Signature, typed or printed name of registered ag-			nt signature re	equired when reinstating)	DATE		OTODO INI 40	
12.		ND DIRECTORS	13.	ı	ADDITIONS/CHA	NGES TO OFFICERS	Chan		
TITLE	D	☐ DELETE	1.1 TITLE				(25, Cilaii	ige [] Addition	
NAME	JENKINS, RICHARD T		1.2 NAME		1495 DONNA	MARIE DO.			
STREET ADDRESS	525 W MICHIGAN AVE			TADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CITY-S	T-ZIP	MELBOURNE,	FL 32707		- FT Addition	
TITLE		☐ DELETE	2.1 TITLE				Chan	ige	
NAME			22 NAME						
STREET ADDRESS			23 STREE	TADDRESS				ļ	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	31 TITLE				Char	nge 🔲 Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS				1	
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Char	ge 🔲 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE				☐ Char	nge 🗌 Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS				ļ	
			5.4 CITY-S						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				Chan	ige Addition	
	•	_ 5222,2	6.2 NAME						
NAME				TADDRESS					
STREET ADDRESS	! 		6.4 CITY- 9						
CITY OT ZID			■ 0.4 CHY-S	1-412					

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

159-7703