


FILED
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Secretary of State

05-08-1999 90037 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029825

1. Corporation Name
ACCUDATA FINANCIAL SERVICES, INC.

Principal Place of Business

11842 CEDARFIELD DR
 RIVERVIEW FL 33569
 US

Mailing Address

11842 CEDARFIELD DR
 RIVERVIEW FL 33569
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.
HICKORY, NC

23 City & State

23 Zip **28601** 25 Country **US**

2a. Mailing Address

26 **1150 37th Ave Dr., N.E.**
 27 Suite, Apt. #, etc.

28 City & State

28 **HICKORY NC**
 29 Zip **28601** 30 Country **US**

3. Date Incorporated or Qualified**04/17/1995****4. FEI Number****59-3311018**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional Fee Required****6. Election Campaign Financing**☐**\$5.00 May Be Added to Fees****8. This corporation owes the current year Intangible Personal Property Tax.**☐ Yes ☐ No**9. Name and Address of Current Registered Agent**

SOROTA, JOSEPH J JR
28100 US HWY 19 N
SUITE 504
CLEARWATER FL 34621

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 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **MCKEMY, ROBERT L JR**
 STREET ADDRESS **11842 CEDARFIELD DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **D** ☐ DELETE
 NAME **MCKEMY, FRANCES M**
 STREET ADDRESS **11842 CEDARFIELD DR**
 CITY-ST-ZIP **RIVERVIEW FL 33569**

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

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME **1150 37th Ave. Dr., N.E.**
 1.3 STREET ADDRESS **HICKORY, NC 28601**
 1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME **1150 37th Ave Dr. N.E.**
 2.3 STREET ADDRESS **HICKORY, NC 28601**
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS

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

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

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

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Daytime Phone #

CR2E034 (1/98)