FILED Apr 06, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000030273**

1. Corporation Name

ACCURACY INCORPORATED

Principal Place	of Business	Mailing Address							
2124 CEASER W	VAY S	2124 CEASER WAY							
st. Petersbur	G FL 33712	ST. PETERSBURG FL 33712				DO NOT WRITE IN THIS SPACE			
US		US			3, Date Incorporated or Qualifed				
						04/10/1995			
									aliad Cas
2. Principal Pl	ace of Business	2a. Mailing Address	_			4, FEI Number		_ 	plied For
21		26				59-3352603		 -	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_			5. Certificate of Status Desired		\$8.75 A	
22		27							
City & State		City & State	— · ·			6. Election Campaign Financing		* \$5.00 Added t	,
23		Zip Country				Trust Fund Contribution			o rees
Zip	Country Zip		¬ `			8. This corporation owes the curre	-	ngible ∐Yes	□No
24	25	29 30				Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Current	Registered Agent		81 N	lame	10. Name and Address of New N	egistered A	gent.	
BHK	er, Russell s Jr.		81 Name						
	CEASER WAY S		82 Street Ad			Idress (P.O. Box Number is Not Acceptable)			
51. F	PETERSBURG FL 33712			83					.
	•		- 1	84 (City			85 Zip (Code
	•		1	1 1	•	<u> </u>	<u>FL</u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida Statutes	the at	bove-n	amed corp	oration submits this statement for the	purpose of c	hanging its	registered
office or re agent. I ar	egistered agent, or both, in the State of manification from the obligation of the ob	ions of, Section 607.0505, Florid	a Statu	utes.	COrporatio	•	и о црро		9
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered	Agent sig	gnature require	d when reinstaling)	DATE.		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D ·	☐ DELETE	1.1 TIT	TLE				Change	☐ Addition
NAME .	50112111 110002200 0 01111		1.2 NA	WE					ļ
STREET ADDRESS	2124 CEASER WAY S		1.3 ST	1.3 STREET ADDRESS					ļ
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4.0		1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition [
NAME !	ADAMS, MATTHEW R		2.2 NA		ľ				Ī
STREET ADDRESS	2121 CAESAR WAY S		2.3 STREET ADI		DRESS				
	ST. PETERSBURG FL 33712			ITY-ST-Z					
CITY-ST-ZIP TITLE ~"	7.6	DELETE	3.1 TITLE**				مالاستاد وسد	Change	Addition
	_		3.2 NA						\
NAME			3.3 STREET ADDRESS		ORESS		•		
STREET ADDRESS	•	•	3.4. CITY-ST-ZIP						
CITY-ST-ZIP	☐ DELETE		_	4,1 TITLE				☐ Change	Addition
TITLE	-	- Ochere	4.2N					~	_
NAME					NDDESS				
STREET ADDRESS				REETAD					
CiTY-ST-ZIP		- FT nei ete	4.4 CI	TY-ST-ZI	P			Change	Addition
TITLE		☐ DELETE	5.1 III		Ì				
NAME			1		NDDE66				}
STREET ADDRESS				REET AD					
CITY-ST-ZIP		□ SELETE	5.4 CI 6.1 TI	TY-ST-ZI	IF			☐ Change	☐ Addition
TITLE		☐ DELETE							☐ \quinon i
NAME	•	•	6.2 NA						
STREET ADDRESS	·	•	1	TREET AD					
CITY-ST-ZIP			6,4 CI	TY-ST-ZI					

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.