

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 5-9-96

B-6388

DOCUMENT # P95000033856 (2)

1. Corporation Name

CONTRACT PROFESSIONAL ACCOUNTING SERVICES INC.



Principal Place of Business

5017-A W. LAUREL ST., BOX 3  
TAMPA FL 33607

Mailing Address

5017-A W. LAUREL ST., BOX 3  
TAMPA FL 33607

2. Principal Place of Business

21 3816 W. Linebaugh

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33624

Country

2a. Mailing Address

26 3816 W. Linebaugh

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33624

Country

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

4. FEI Number

59-3310946

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

MCFADDEN, ANN C

5017-A W. LAUREL STREET, SUITE 6 & 7  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Debra S. Martin

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

3816 W. Linebaugh St. 401

83

84 City

Tampa

FL

85 Zip Code

33624

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

Debra Martin

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

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

5/2/96

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MCFADDEN, ANN  
STREET ADDRESS 8510 WILDING COURT  
CITY-ST-ZIP TAMPA FL 33634

TITLE ☐ DELETE

NAME MARTIN, DEBRA S  
STREET ADDRESS 6515 YELLOWHAMMER AVENUE  
CITY-ST-ZIP TAMPA FL 33625

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

Debra Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

Date

963-6566

Daytime Phone #

CR2E034 (12/95)