

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90105 038 \*\*\*150.00

DOCUMENT # **P95000040431**

1. Corporation Name

**A B D ACCOUNTING BY DESIGN, INC.**



Principal Place of Business

**8101 17TH WAY NORTH  
ST PETERSBURG FL 33702**

Mailing Address

**8101 17TH WAY NORTH  
ST PETERSBURG FL 33702**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/19/1995**

2. Principal Place of Business

**4930 Park Blvd.**

2a. Mailing Address

**4930 Park Blvd.**

Suite, Apt. #, etc.

**Suite 9**

Suite, Apt. #, etc.

**Suite 9**

City & State

**Pinellas Park, FL**

City & State

**Pinellas Park, FL**

Zip Country

**33781-3410 USA**

Zip Country

**33781-3410 USA**

4. FEI Number

**59-3403244**

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

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GRZYBALA, DAWN W  
8101 17TH WAY NORTH  
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

**81 Name Dawn W. Grzybala  
82 Street Address (P.O. Box Number is Not Acceptable) 4930 Park Blvd.  
83 Suite 9  
84 City Pinellas Park FL 85 Zip Code 33781-3410**

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 **Dawn W. Grzybala**

Signature, typed or printed name of registered agent and this is applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-8-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS** ☐ DELETE  
NAME **GRZYBALA, THEODORE J**  
STREET ADDRESS **8101 17TH WAY NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE **PT** ☐ DELETE  
NAME **GRZYBALA, DAWN W**  
STREET ADDRESS **8101 17TH WAY NORTH**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

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 **VS** ☒ Change ☐ Addition  
1.2 NAME **Evelyn Hensley**  
1.3 STREET ADDRESS **4930 Park Blvd, Suite 9**  
1.4 CITY-ST-ZIP **Pinellas Park, FL 33781-3410**

2.1 TITLE **President** ☒ Change ☐ Addition  
2.2 NAME **Dawn W. Grzybala**  
2.3 STREET ADDRESS **4930 Park Blvd, Suite 9**  
2.4 CITY-ST-ZIP **Pinellas Park, FL 33781-3410**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition  
3.2 NAME **Irene G. Wright**  
3.3 STREET ADDRESS **4930 Park Blvd, Suite 9**  
3.4 CITY-ST-ZIP **Pinellas Park, FL 33781-3410**

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

SIGNATURE: **Dawn W. Grzybala**  
Signature and typed or printed name of signing officer or director

**1-8-99**

Date

**727-546-1040**

Daytime Phone #

CR2E034 (1/98)