

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 09 1997 8:00am  
Secretary of State

DOCUMENT # P95000049467 (0)

1. Corporation Name  
ACTION ACCOUNTING, INC.

Principal Place of Business

956 N. COCOA BLVD.  
SUITE 1119  
COCOA FL 32922

Mailing Address

956 N. COCOA BLVD.  
SUITE 1119  
COCOA FL 32922-7569

3. Date Incorporated or Qualified  
06/15/1995

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number  
59-3320419

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

GILES, JOHN D  
956 N. COCOA BLVD.  
SUITE 1119  
COCOA FL 32922

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

*John Dennis Giles, Sr.*  
Signature typed or printed name of registered agent and title if applicable

JOHN DENNIS GILES, SR.

4/29/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VTD  
NAME HARGRAVE, TRUDEE  
STREET ADDRESS 930 JACARANDA DR.  
CITY-ST-ZIP BAREFOOT BAY FL ☒ DELETE

TITLE PSD  
NAME GILES, JOHN D SR  
STREET ADDRESS 1108 KIRKLAND DR.  
CITY-ST-ZIP COCOA FL ☐ DELETE

TITLE VD  
NAME GILES, JOHN D JR  
STREET ADDRESS 56 WINAR DR  
CITY-ST-ZIP MERRITT ISLAND FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD  
1.2 NAME LINDA TERRY GILES  
1.3 STREET ADDRESS 2533 MEADOW LN.  
1.4 CITY-ST-ZIP COCOA, FL 32926 ☐ Change ☒ Addition

2.1 TITLE PSTD  
2.2 NAME  
2.3 STREET ADDRESS 2533 MEADOW LN  
2.4 CITY-ST-ZIP COCOA, FL 32926 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 12 PARNELL ST.  
3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953 ☒ Change ☐ Addition

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

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

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

14. I do 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.

SIGNATURE

*John Dennis Giles, Sr.*

4/29/97

4/29/97 132-4744

CR2E034 (9/96)