

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90104 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049467

1. Corporation Name
ACTION ACCOUNTING, INC.



Principal Place of Business

635 BREVARD AVE
~~SUITE 1119~~
COCOA FL 32922
US

Mailing Address

635 BREVARD AVE
~~SUITE 1119~~
COCOA FL 32922
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 635 BREVARD AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 635 BREVARD AVE
Suite, Apt. #, etc.

City & State

23 COCOA, FL

City & State

28 COCOA, FL

Zip Country

24 32922-7807 25 BREVARD

Zip

Country

29 32922-7807 30 BREVARD

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number

59-3320419

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

GILES, JOHN D
635 BREVARD AVE
~~SUITE 1119~~
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

JOHN D. GILES, SR

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

635 BREVARD AVE

83

84 City

COCOA

FL

85 Zip Code

32922-7807

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 D. Giles, Sr.

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

(NOT Registered Agent signature required when reinstating)

4-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GILES, LINDA T
2533 MEADOW LN
COCOA FL 32926

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
GILES, JOHN D SR
2533 MEADOW LN
COCOA FL 32926

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GILES, JOHN D JR
2533 MEADOW LN
COCOA FL 32926

☒ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. Giles, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99

Date

407-638-4744

Daytime Phone #

CR2E034 (1/98)