

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  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90248 018 \*\*\*150.00

DOCUMENT # P95000071019

1. Corporation Name  
REWARDING AUDITS, INC.

Principal Place of Business

1911 11TH STREET SW  
LARGO FL 33778  
US

Mailing Address

POST OFFICE BOX 5015  
LARGO FL 33779  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

59-3334394

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

2. Principal Place of Business

21 7301 10TH AVE N

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 48908

Suite, Apt. #, etc.

23 City & State

ST. PETERSBURG, FL

24 Zip 33710 25 Country USA

27 City & State

28 ST. PETERSBURG, FL

29 Zip 33743 30 Country USA

9. Name and Address of Current Registered Agent

WARD, TERESA M  
1917 11TH STREET SW  
LARGO FL 33778

10. Name and Address of New Registered Agent

81 Name TERESA M. WARD

82 Street Address (P.O. Box Number is Not Acceptable)  
7301 10TH AVE N

83

84 City ST. PETERSBURG FL 85 Zip Code 33710

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME PTD  
STREET ADDRESS WARD, TERESA M  
CITY-ST-ZIP 1917 11TH STREET SW  
LARGO FL 33778

TITLE ☐ DELETE  
NAME VSD  
STREET ADDRESS EATON, EGERTON R.  
CITY-ST-ZIP 1917 11TH STREET SW  
LARGO FL 33778

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 7301 10TH AVE N  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME VS  
2.3 STREET ADDRESS EATON, EGERTON R.  
2.4 CITY-ST-ZIP 7301 10TH AVE N  
ST. PETERSBURG, FL 33710

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 727-345-2888  
Date Daytime Phone #

CR2E034 (1/98)