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

Mailing Address

4207 S DALE MABRY

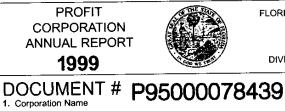
**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business

4207 S DALE MABRY

GREGORY ACCOUNTING, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90117 043 \*\*\*150.00



DO NOT WRITE	IN THIS SPACE	

101 ASH		101 ASH TAMPA FL 33611		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
TAMPA FL 33611		IAMPA PL SSOIT					
					10/12/1995		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Z. Frincipai Fia	ace of business	26			59-3339620		Not Applicable
21	# ata	Suite, Apt. #, etc.			\_	\$8.7	5 Additional
Suite, Apt. #	Ŧ, etc.	27			5. Certifcate of Status Desired		e Required
22		City & State			6. Election Campaign Financing	- \$5:0	00 May Be
City & State	<b>3</b>	<u>├</u> ¬ *			Trust Fund Contribution		led to Fees
23		Zip	Countr		8. This corporation owes the current year In	tangible	
Zip	Country	_ <del> </del>	`	•	Personal Property Tax.	Yes	□No
24	25		80		10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Registered Agent	81	Name	To. Teams and Teams		
ODE/	CODY ICANETTE H		*'				
	GORY, JEANETTE H.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	SOUTH DALE MABRY						<del></del>
101 /			83	i			1
TAM	PA FL 33611		84	City		85 2	Zip Code
				1	FL	_   "	
44 Purcuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statutes	s, the abov	e-named corp	poration submits this statement for the purpose of	changing	g its registered
					ion's board of directors. I hereby accept the appo	intment a	s registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ua Statute:	٥,			}
SIGNATURE		NOTE	Desintered Age	et cianature requir	ed when reinstating) DATE		\
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	13.	art signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
12.		DELETE	1.1 TITLE		, 1001110110111111111111111111111111111	☐ Char	
TITLE	P	□ beceit					
NAME	GREGORY, JEANETTE H		1.2 NAME		·		
STREET ADDRESS	4207 S DALE MABRY		1.3 STREE	ET ADDRESS	<u>.</u>		
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY-	ST-ZIP		☐ Char	nge Addition
TITLE		☐ DELETE	2.1 TITLE	1			ige, tourselv
NAME			2.2 NAME				ĺ
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY	ST-ZIP	·		
TITLE		☐ DELETE	3.1 TITLE	-	,	_ Chai	nge 🗌 Addition
			3.2 NAME	ļ			
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				!
CITY-ST-ZIP		☐ DELETE	4.1 TITLE			☐ Cha	ange Addition
TITLE				1		-	
NAME			4. 2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			☐ Cha	ange Addition
TITLE		☐ DELETE	5.1 TITLE	1			ingo Lindulon
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	-	☐ DELETE	6.1 TITLE		<del></del>	☐ Cha	ange
			6.2 NAME				
NAME			6.3 STRE	ET ADDRESS			
STREET ADDRESS			BA CITY.				

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:

813-831-7011