

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000092758 (8)

1. Corporation Name

BETTYE J. MATTHEWS & ASSOCIATES CPAS, P.A.



Principal Place of Business

4885 SHEARWATER LANE
NAPLES FL 33999

Mailing Address

4885 SHEARWATER LANE
NAPLES FL 33999

2. Principal Place of Business

21 4501 Tamiami Trail

Suite, Apt. #, etc.

22 212

23 City & State
Naples, FL

24 Zip
33940

Country

25 Collier

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27

28 City & State

29 Zip

County

30

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

4. FEI Number

52-1300280

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

MATTHEWS, BETTYE J
4885 SHEARWATER LANE
NAPLES FL 33999

10. Name and Address of New Registered Agent

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 City

FL

E5 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 607.0605, Florida Statutes.

SIGNATURE

Bettye J. Matthews

(NOTE: Registered Agent's signature required when re-filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MATTHEWS, BETTYE J
STREET ADDRESS
4885 SHEARWATER LANE
CITY-ST-ZIP
NAPLES FL 33999

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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

☒ Change ☐ Addition

14 NAME
15 STREET ADDRESS
4501 TAMiami Trail North
Naples, FL 33940

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 NAME ☐ Change ☐ Addition

18 STREET ADDRESS ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 NAME ☐ Change ☐ Addition

21 STREET ADDRESS ☐ Change ☐ Addition

22 CITY-ST-ZIP ☐ Change ☐ Addition

23 NAME ☐ Change ☐ Addition

24 STREET ADDRESS ☐ Change ☐ Addition

25 CITY-ST-ZIP ☐ Change ☐ Addition

26 NAME ☐ Change ☐ Addition

27 STREET ADDRESS ☐ Change ☐ Addition

28 CITY-ST-ZIP ☐ Change ☐ Addition

29 NAME ☐ Change ☐ Addition

30 STREET ADDRESS ☐ Change ☐ Addition

31 CITY-ST-ZIP ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Registering Officer

CR2E034 (12/95)