Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

## 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

## DOCUMENT # P96000034530

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Zip

ACCOUNTING STAFFING, INC.	
Principal Place of Business	Mailing Address
9428 BAYMEADOWS ROAD STE 120 JACKSONVILLE FL 32256	9428 BAYMEADOWS ROAD STE 120 JACKSONVILLE FL 32256
2. Principal Place of Business	2a. Mailing Address

26

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Suite, Apt. #, etc.

City & State

9. Name and Address of Current Registered Agent

Country

HARRIS. ELAINE S

25

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90116 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

--04/17/1996 4. FEI Number

59-3386364

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

BAYMEADOWS ROAD STE 120								(
JACKSONVILLE FL 32256								
						[0g]	7in Cor	<u> </u>
		84	City	y	FL	85	Zip Cot	,,,
edistered agent, or both, in the State of Florida, Suct	n change was autho	onzea by i	tne c	ned corporation submits this orporation's board of director	statement for the purpose of or s. I hereby accept the appoint	hangin tment a	g its re is regis	gistered tered
Stonature, broad or printed name of registered agent and title if applicable	e. (NOTE: Rec	istered Agen	t signal	ture required when reinstating)	DATE			— ì
		13.	<u> </u>		HANGES TO OFFICERS AN	D DIRE	CTORS	IN 12
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HARRIS, FLAINE S.		1.2 NAME						]
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		·2.2 NAME			• •			
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				-t-d in Continue 110 07/21/21	Elorido Statutos I further and	ifu that	the info	rmation
	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such a familiar with, and accept the obligations of, Section Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS PHARRIS, ELAINE S. 9428 BAYMEADOWS ROAD #120 JACKSONVILLE FL	o the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Reconstruction of the provision of the provis	Signature, typed or printed name of registered agent and bitle if applicable.  OFFICERS AND DIRECTORS  PHARRIS, ELAINE S. 9428 BAYMEADOWS ROAD #120  JACKSONVILLE FL  DELETE  1.1 TITLE  1.2 NAME  2.3 STREET  2.4 CITY-S  DELETE  3.1 TITLE  1.2 NAME  3.3 STREET  4.4 CITY-S  DELETE  1.5 TITLE  4.2 NAME  4.3 STREET  4.4 CITY-S  DELETE  5.1 TITLE  1.5 NAME  5.3 STREET  5.4 CITY-S  DELETE  5.1 TITLE  6.2 NAME  6.3 STREET  6.4 CITY-S  DELETE  6.1 TITLE  6.2 NAME  6.3 STREET  6.4 CITY-S  CONNOME  CONNO	ASONVILLE FL 32256  B4 City Of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name of segistered agent, or both, in the State of Florida, Such change was authorized by the conformal familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature, typed or printed name of registered agent and dide if applicable.   (NOTE: Registered Agent Signatorial Signature, typed or printed name of registered Agent Signatorial Signator	ASONVILLE FL 32258  83  84 City  Of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this significant agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  P	SONVILLE FL 32256  B3  B4 City  FL  or the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of capitatered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND PLETE  1.1 TITLE  1.2 NAME  9428 BAYMEADOWS ROAD #120  JACKSONVILLE FL  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  3.4 CITY. ST. ZIP  DELETE  5.1 TITLE  4.2 NAME  5.3 STREET ADDRESS  5.4 CITY. ST. ZIP  DELETE  6.1 TITLE  5.2 NAME  6.3 STREET ADDRESS  5.4 CITY. ST. ZIP  DELETE  6.1 TITLE  6.3 STREET ADDRESS  5.4 CITY. ST. ZIP  DELETE  6.3 STREET ADDRESS  6.4 CITY. ST. ZIP  6.3 STREET ADDRESS  6.4 CITY. ST. ZIP  6.3 STREET ADDRESS  6.4 CITY. ST. ZIP  6.3 STREET ADDRESS  6.4 CITY. ST. ZIP	SONVILLE FL 32256   84    City	Ba   City

Country

81 Name

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I nereby certify that the miorination supplied with this limit does not qualify for the exemption stated in Section 19.07(5)(i), Fibrida Statutes, I notice certify that the information indicated on this 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 officer or director of the corporation Block 12 or Block 13 if changed, of

**SIGNATURE:**