

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 28, 1999 8:00 am  
Secretary of State

04-28-1999 90062 041 \*\*\*150.00

DOCUMENT # P96000055185

1. Corporation Name

SENTRY ACCOUNTING, INC.

Principal Place of Business

4827 HIGHLANDS PL. DR.  
LAKELAND FL 33813

Mailing Address

4827 HIGHLANDS PL. DR.  
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1996

4. FEI Number

59-3391244

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 1509 S. Florida Avenue

Suite, Apt. #, etc.

22 Suite 2

City & State

23 Lakeland, FL

Zip

24 33803

Country

25 USA

2a. Mailing Address

26 1509 S. Florida Avenue

Suite, Apt. #, etc.

27 Suite 2

City & State

28 Lakeland, FL

Zip

29 33803

Country

30 USA

9. Name and Address of Current Registered Agent

MASTROPIETRO, DONALD R  
4827 HIGHLANDS PL. DR.  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☒ DELETE

NAME MASTROPIETRO, DONALD R  
STREET ADDRESS 4827 HIGHLANDS PLACE DR  
CITY-ST-ZIP LAKELAND FL

TITLE VP ☒ DELETE

NAME MASTROPIETRO, JOANNE A  
STREET ADDRESS 4827 HIGHLANDS PLACE DR  
CITY-ST-ZIP LAKELAND FL

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

11 TITLE CPS ☐ Change ☒ Addition

12 NAME Teresa B. Crowley  
13 STREET ADDRESS 1509 S. Florida Avenue, Suite 2  
14 CITY-ST-ZIP Lakeland, FL 33803

21 TITLE VT ☐ Change ☒ Addition

22 NAME Donald R. Mastropietro  
23 STREET ADDRESS 1509 South Florida Ave., Suite 2  
24 CITY-ST-ZIP Lakeland, FL 33803

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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(1)(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:

Teresa B. Crowley, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

(941) 683-5523

Date

Daytime Phone #

CR2E034 (11/98)

0430564