

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90198 043 \*\*\*150.00

DOCUMENT # P97000002688

1. Corporation Name

PERSON & COMPANY, ACCOUNTANTS, INC.

Principal Place of Business

1406 S. RIVERSIDE DRIVE  
INDIALANTIC FL 32903

Mailing Address

1406 S. RIVERSIDE DRIVE  
INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3419516

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 1825 Riverview DR.

2a. Mailing Address

26 PO Box 2630

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Melbourne FL

City & State

28 Melbourne, FL

Zip Country

24 32901 25 USA

Zip Country

29 32902-2630 30 USA

9. Name and Address of Current Registered Agent

MURPHY, LESLIE R  
1360 SOUTH PATRICK DRIVE  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name ARTHUR B. PERSON

82 Street Address (P.O. Box Number is Not Acceptable)  
1825 Riverview Drive

83

84 City Melbourne

FL

85 Zip Code 32901

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 DVPT ☐ DELETE

NAME MURPHY, LESLIE R  
STREET ADDRESS 1360 SOUTH PATRICK DRIVE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE PSD ☐ DELETE

NAME PERSON, ARTHUR B  
STREET ADDRESS 1360 SOUTH PATRICK DR  
CITY-ST-ZIP SATELLITE BCH FL 32937

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 1825 Riverview Drive  
1.4 CITY-ST-ZIP Melbourne, FL 32901

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 1825 Riverview Drive  
2.4 CITY-ST-ZIP Melbourne, FL 32901

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

Date

Daytime Phone #

CR2E034 (11/98)

0109353