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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000015125 (2)

1. Corporation Name

ACCOUNTAX OFFICE SERVICES, INC.

Principal Place of Business

Mailing Address

2272 AIRPORT ROAD SOUTH, SUITE 209
NAPLES FL 34112

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NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

59-3429803

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2272 AIRPORT RD, S.

Suite, Apt. #, etc.

22 STE. 208

City & State

23 NAPLES, FL

Zip Country

24 34112

25

2a. Mailing Address

26 2272 AIRPORT RD, S.

Suite, Apt. #, etc.

27 STE. 208

City & State

28 NAPLES, FL

Zip Country

29 34112

30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ANNE K. ATON

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

6007 HOLLOW DR.

83

84 City NAPLES

FL

85 Zip Code

34112

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

1-6-98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ATON, ANNE K
STREET ADDRESS 2272 AIRPORT ROAD SOUTH, SUITE 209
CITY-ST-ZIP NAPLES FL 34112

TITLE S ☒ DELETE

NAME KING, DONNA M
STREET ADDRESS 2272 AIRPORT ROAD SOUTH, SUITE 209
CITY-ST-ZIP NAPLES FL 34112

TITLE T ☒ DELETE

NAME NEWELL, MYLINDA R
STREET ADDRESS 2272 AIRPORT ROAD SOUTH, SUITE 209
CITY-ST-ZIP NAPLES FL 34112

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 P.D.S.T. ☒ Change ☐ Addition

1.2 NAME ATON, ANNE K.
1.3 STREET ADDRESS 2272 AIRPORT RD, S., STE. 208
1.4 CITY-ST-ZIP NAPLES, FL 34112

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE

1-6-98 941-793-1338

CR2E034 (10/97)