

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 # P97000039807

Corporation Name

ACCOUNTING RESOURCES, INC.

Principal Place of Business

119 KENNEN DRIVE  
VALRICO FL 33594

Mailing Address

2119 KENNEN DRIVE  
VALRICO FL 33594

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90033 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3449984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BYRD, DONALD D  
2119 KENNEN DRIVE  
VALRICO FL 33594

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

1.1 TITLE ☐ DELETE

NAME  
DPTS  
BYRD, DONALD A  
2119 KENNEN DRIVE  
VALRICO FL 33594

1.2 STREET ADDRESS ☐ DELETE

1.3 CITY-ST-ZIP ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 NAME ☐ DELETE

1.6 STREET ADDRESS ☐ DELETE

1.7 CITY-ST-ZIP ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 NAME ☐ DELETE

1.10 STREET ADDRESS ☐ DELETE

1.11 CITY-ST-ZIP ☐ DELETE

1.12 TITLE ☐ DELETE

1.13 NAME ☐ DELETE

1.14 STREET ADDRESS ☐ DELETE

1.15 CITY-ST-ZIP ☐ DELETE

1.16 TITLE ☐ DELETE

1.17 NAME ☐ DELETE

1.18 STREET ADDRESS ☐ DELETE

1.19 CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Donald D Byrd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-99

(813) 623-5888

CR2E034 (1/1/98)