PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051346

1. Corporation Name

KAREY HENSLEY, CPA, P.A.

Prin

5117 NAPL

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90086 047 ***150.00



Mailing Address				
5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103		DO NOT WRITE IN THIS	S SPACE	
			3. Date Incorporated or Qualifed 06/11/1997	
2a. Mailing Address			4. FEI Number	Applied For
26			65-0700009	Not Applicable
Suite, Apt. #, etc.			5, Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	<u></u>		- 6: Election Campaign Financing Trust Fund Contribution	\$5:00 May Be Added to Fees
Zip 29	·	/	This corporation owes the current year In Personal Property Tax.	ntangible No
25 29 30 30 9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HENSLEY, KAREY CPA 5117 CASTELLO DRIVE SUITE 1		Street Add	ress (P.O. Box Number is Not Acceptable)	
	NAPLES FL 34103 2a. Malling Address 26 Suite, Apt. #, etc. 27 City & State Zip 29	NAPLES FL 34103 2a. Malling Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 ent Registered Agent 81	NAPLES FL 34103 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 ent Registered Agent 81 Name	NAPLES FL 34103 DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 06/11/1997 4. FEI Number 65-0700009 Suite, Apt. #, etc. 5. Certifcate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country 8. This corporation owes the current year In Personal Property Tax. 10. Name and Address of New Registered 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)

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.

84 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE HENSLEY, KAREY 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.9 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZiP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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REQUIRED RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip Code

CR2E034 (11/98)