FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000058806 (5) J.H. ACCOUNTING SERVICES, INC. Principal Place of Business Mailing Address 5777 BENEVA ROAD 5777 BENEVA ROAD SARASOTA FL 34233 SARASOTA FL 34233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-076539 21 26 Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PREWETT, DANIEL L 5777 **BENE**VA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34233 83 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Addition Pres / Tres/ Sec NAME PREWETT, DANIEL 12 NAME **5777 BENEVA ROAD** STREET ADDRESS 1.3 STREET ADDRESS ARASOTA FL 34233 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE ☐ Change Addition **CLEARY, NORENE** NAME 2.2 NAME STREET ADDRESS **5777 BENEVA ROAD** 2.3 STREET ADDRESS CITY-ST-ZIP **Sarasot**a FL 34233 2. 4 CITY - ST - ZIP TITLE 3.1 TITL€ Change Addition HECKMAN, DONALD 3.2 NAME **5777 BENEVA ROAD** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition Flizaboth Geoise NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Change Addition

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 reportion supplemental/annual reports 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 coloration of 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 attactment with an address.

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME