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Jun 29 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 # P97000074013 (8)

1. Corporation Name

CPA WEALTH ADVISORS, INC.

Principal Place of Business

2811 N.W. 41ST. STREET
BLDG. C
GAINESVILLE FL 32606

Mailing Address

2811 N.W. 41ST. STREET
BLDG. C
GAINESVILLE FL 32606

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS H JR.
2811 N.W. 41ST. STREET
BLDG. C
GAINESVILLE FL 32606

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 required for principal officer or director of corporation or officer or director of partnership

(If all registered agent signatures required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
THOMPSON, DOUGLAS H JR.
2416 N.W. 23RD TERRACE
GAINESVILLE FL 32605

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
THOMPSON, WILLIAM W
4320 N.W. 69TH STREET
GAINESVILLE FL 32606

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 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 affidavit with an address.

CR2E034 (10/97)

Form **SS-4**(Rev. December 1995)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) CPA WEALTH ADVISORS, INC.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 2811 N.W. 41st Street, Bldg. C		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Gainesville, FL 32606		5b City, state, and ZIP code
	6 County and state where principal business is located Alachua/Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ► 239-68-2258 Douglas H. Thompson, Jr.		
	8a Type of entity (Check only one box.) (See instructions.)		
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Plan administrator-SSN			
<input type="checkbox"/> REMIC <input type="checkbox"/> Limited liability co. <input checked="" type="checkbox"/> Other corporation (specify) ► Corporation			
<input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Trust <input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) ► (enter GEN if applicable)			
<input type="checkbox"/> Other (specify) ►			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State FLORIDA Foreign country			
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ►			
<input type="checkbox"/> Banking purpose (specify) ►			
<input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ►			
<input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Other (specify) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) 8-26-97		11 Closing month of accounting year (See instructions.) December	
12 First date wages or annuities were paid or will be paid (Mo., day, year). <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)</i> Unknown			
13 Highest number of employees expected in the next 12 months. <i>Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)</i>			
Nonagricultural Agricultural Household -0- -0- -0-			
14 Principal activity (See instructions.) ►			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale)			
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes," please complete lines 17b and 17c.</i>			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► N/A Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
N/A			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Business telephone number (include area code) (352) 375-2324			
Fax telephone number (include area code) (352) 375-0429			
Name and title (Please type or print clearly.) ► Douglas H. Thompson, Jr. (Director)			
Signature ► <i>Douglas H. Thompson, Jr.</i> Date ► <i>June 22, 1998</i>			
Note: Do not write below this line. For official use only.			
Please leave blank ► Geo. <i>[Signature]</i> Ind. Class Size Reason for applying			