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FILED  
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 # P97000074025 (2)

1. Corporation Name  
AUDIT AMERICA, INC.



Principal Place of Business  
2811 NORTHWEST 41ST STREET  
BUILDING C  
GAINESVILLE FL 32606

Mailing Address  
2811 NORTHWEST 41ST STREET  
BUILDING C  
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS H JR.  
2811 NORTHWEST 41ST STREET  
BUILDING C  
GAINESVILLE FL 32606

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

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 (Type in print the name of the person signing this report)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME THOMPSON, DOUGLAS H JR.  
STREET ADDRESS 2418 NORTHWEST 23RD TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ST  
NAME THOMPSON, WILLIAM W  
STREET ADDRESS 4320 NORTHWEST 69TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

☐ 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 attachment with an address.

SIGNATURE:

*[Signature]*

4/21/98

352,375,2324

CP2E034 (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.)

**EIN**

OMB No. 1545-0003

► **Keep a copy for your records.**

**Please type or print clearly.**

<b>1</b> Name of applicant (Legal name) (See instructions.) <b>AUDIT AMERICA, INC.</b>			
<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, trustee, "care of" name	
<b>4a</b> Mailing address (street address) (room, apt., or suite no.) <b>2811 N.W. 41st Street, Bldg. C</b>		<b>5a</b> Business address (if different from address on lines 4a and 4b)	
<b>4b</b> City, state, and ZIP code <b>Gainesville, FL 32606</b>		<b>5b</b> City, state, and ZIP code	
<b>6</b> County and state where principal business is located <b>Alachua/Florida</b>			
<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>239-68-2258</b> <b>Douglas H. Thompson, Jr. (Initial Director)</b>			
<b>8a</b> 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"/> Plan administrator—SSN _____	
<input type="checkbox"/> REMIC		<input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>General Corporation</b>	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Trust	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)		<input type="checkbox"/> Federal Government/military	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Church or church-controlled organization	
<input type="checkbox"/> Limited liability co.		<input type="checkbox"/> National Guard	
<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated			
State <b>FLORIDA</b>		Foreign country	
<b>9</b> 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"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a trust (specify) ▶ _____	
<b>10</b> Date business started or acquired (Mo., day, year) (See instructions.) <b>8-26-97</b>		<b>11</b> Closing month of accounting year (See instructions.) <b>December</b>	
<b>12</b> First date wages or annuities were paid or will be paid (Mo., day, year). <b>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)</b> . . . . . ▶ <b>Unknown</b>			
<b>13</b> Highest number of employees expected in the next 12 months. <b>Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)</b> . . . ▶		Nonagricultural <b>-0-</b>	Agricultural <b>-0-</b>
<b>14</b> Principal activity (See instructions.) ▶		Household <b>-0-</b>	
<b>15</b> Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
<b>16</b> To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
<b>17a</b> Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note: If "Yes," please complete lines 17b and 17c.</b>			
<b>17b</b> 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 ▶ <b>N/A</b> Trade name ▶			
<b>17c</b> 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 <b>N/A</b>			
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.			
Name and title (Please type or print clearly.) ▶ <b>Douglas H. Thompson, Jr. (Director)</b>		Business telephone number (include area code) <b>(352) 375-2324</b> Fax telephone number (include area code) <b>(352) 375-0429</b>	

Please leave  
blank ►

Gen

Ind.

Class

Size

Rea

Reason for applying