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 # P97000108745

1, Corporation Name

BEHAN-SWANSON-WILLIS ACCOUNTING AND TAX SERVICES , INC.

Princ	cipal	Place	e of Business
2522	SW	27TH	AVE

Mailing Address

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90262 018 ***150.00



2522 SW 27TH AVE OCALA FL 34474		2522 SW 27TH AVE OCALA FL 34474								
CONEN IL 3447	•	OUNDS IE STAFF				DO NOT WRITE IN THIS S	PACE			
						3. Date Incorporated or Qualifed 12/30/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	$\neg \top$	App	lied For	
21		26				59-3483384		<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.	75 A	ditional	
		27			5. Certifcate of Status Desired	Fe	e Rec	uired		
City & State		City & State			6 Election Campaign Financing	\$5	.00	/lav Be		
23		28			Trust Fund Contribution	•		Fees		
Zip	Country Zip Cou			ntry	8. This corporation owes the current year Intangible					
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No					
•	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent			
14/91 8	10 15411			81	Name					
WILLIS, JEAN 36034 PINETREE ST			ļ	82 Street Address (P.O. Box Number is Not Acceptable)						
FRUI	TLAND PARK FL 34731		Ì	83						
				84	City	FL	85	Zip C	ode	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on mailiar with, and accept the obligati	f Florida. Such change was aut	horized	by t	-named cor the corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	nangin ment a	g its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent				I sanature requi	red when reinstating) DATE				
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOF	RS IN 12	
TITLE	PD	☐ DELETE	1,1 TIT	ιE			Cha		☐ Addition	
NAME	WILLIS, DAVID L		1.2 NA	ME						
STREET ADDRESS	11217 ROSE DOWN CT		1.3 STF	REET	ADDRESS					
CITY-ST-ZIP	WINDERMERE FL 34786		1.4 CIT	Y-ST	-ZIP					
TITLE	VP	☐ DELETE	2.1 TIT				Cha	nge	☐ Addition	
NAME	WILLIS, JEAN		2.2 NA	ME						
STREET ADDRESS	ACCOA DIVISITATE OF		2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	FRUITLAND PARK FL 34731		2. 4 CIT				***			
TITLE		☐ DELETE	3.1 TITI				Cha	nge	☐ Addition	
NAME			3.2 NA	ΜE						
STREET ADDRESS			3 3 STF	REET	ADDRESS					
CITY-ST-ZIP			3.4. CIT						i	
TITLE		☐ DELETE	4.1 TITI				Cha	inge	☐ Addition	
NAME			4. 2 NA	ME					1	
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT							
TITLE		☐ DELETE	5.1 TIT				☐ Cha	inge	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STF	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP					
TITLE		☐ DELETE	6.1 TIT				Cha	nge	Addition	
NAME			6.2 NA	ME			-	-	-	
STREET ADDRESS			6.3 ST	REET	ADDRESS					
GIVEE I ADDUESO			1							

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