

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90233 031 \*\*\*150.00

0089054

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P98000003510**

1. Corporation Name  
**ACCOUNTING GROUP, INC.**

Principal Place of Business 7015 N. ARMENIA AVE. TAMPA FL 33604	Mailing Address 7015 N. ARMENIA AVE. TAMPA FL 33604
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/12/1998</b>	
21	22	26	27	4. FEI Number <b>59-3487327</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**PUTMAN, SHERRY J**  
**7015 N. ARMENIA AVE.**  
**TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name **Phillip A. Reid**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7015 N. Armenia Ave**

83

84 City **Tampa** FL 85 Zip Code **33604**

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 *Phillip A. Reid* **Phillip A. Reid** DATE **4/30/99**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BREWSTER, DAVID W</b>	
STREET ADDRESS	<b>7015 N. ARMENIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HENSLEY, PATTY J</b>	
STREET ADDRESS	<b>7015 N. ARMENIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUTMAN, SHERRY J</b>	
STREET ADDRESS	<b>7015 N. ARMENIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>REID, PHILLIP A</b>	
STREET ADDRESS	<b>7015 N. ARMENIA AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *David Brewster* **David Brewster** DATE **4/30/99** DAYTIME PHONE # **813-931-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)