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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90292 009 ***750.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000095253

1. Corporation Name

A T P ACCOUNTING & TAX PROFESSIONALS, INC.

Principal Place of Business
3617 CROWN POINT RD.,STE.4
P.O. BOX 57312
JACKSONVILLE FL 32241-7312

Mailing Address
3617 CROWN POINT RD.,STE.4
P.O. BOX 57312
JACKSONVILLE FL 32241-7312



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

59-3533738

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 12121-A Philips Highway

2a. Mailing Address

26 P.O. Box 57312

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32256

Country

25

Zip

29 32241

Country

30

9. Name and Address of Current Registered Agent

DIMATTIA, PHILIP A
3617 CROWN POINT RD.,STE.4
JACKSONVILLE FL 32241

10. Name and Address of New Registered Agent

81 Name

DiMattia, P.

82 Street Address (P.O. Box Number is Not Acceptable)

12121-A Philips Highway

83

84 City

Jacksonville

FL

85

Zip Code
32256

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME DIMATTIA, PHILIP A
STREET ADDRESS 3617 CROWN POINT RD.,STE.4
CITY-ST-ZIP JACKSONVILLE FL 32241-7312

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME DiMattia, Philip A.

1.3 STREET ADDRESS 12121-A Philips Highway

1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 904-288-28816

CR2E034 (11/98)

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