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

Mailing Address

3407 EDINBOROUGH CT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$23679 1. Corporation Name

Principal Place of Business

3407 EDINBOROUGH CRT

ENGLISH ACCOUNTING AND TAX SERVICE, INC.

PENSACOLA FL 32514 US		US			DO NOT WRITE IN THIS SPACE				
บจ		00			3. Date Incorporated or Qualifed 01/09/1991				
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		_	Applie	d For
Zi Filliopari la	300 O. D.3311000	26			59-3039896			Not Ap	oplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		+	5 Add Requi		
City & State		City & State			6. Election Campaign Financing		\$5.	00 Ma	у Ве
		28			Trust Fund Contribution		Add	ed to F	ees
Zip Country		Zip Country			8. This corporation owes the curre	nt year Inta	ngible		
- '	25		30		Personal Property Tax.	•	Yes Yes		No
24	9. Name and Address of Currer	1.0			10. Name and Address of New R	egistered A	gent		
	5. Name and Address of Currer	it redintered vigorit	81	Name					
ENGL	JSH, THOMAS E.				(D.O. D. N. Lucia Nat Assessed	hla)			
	EDINBOROUGH CRT		82	Street Ad	dress (P.O. Box Number is Not Accepta	pie)			
	ACOLA FL 32503		83						
FERO	ACOLA I E GEGGG		"						
			84	City		FL	85	Zip Coc	le
		<u></u>					1 1	- ia	viotarad
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga				rporation submits this statement for the statement for the statement of directors. I hereby acceptance	t the appoin	tment a	is regis	lered
SIGNATURE		(NOTE: I	Pagistered Age	int eignatura regu	uired wheπ reinstating)	DATE			-
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	int aignature roqu	ADDITIONS/CHANGES TO OF	ICERS AN	DIRE	CTORS	S IN 12
		DELETE	1.1 TITLE				Cha		Addition
TITLE	D SNOWELL THOMAS F		1.2 NAME						
NAME	ENGLISH, THOMAS E.		B.						}
STREET ADDRESS	3407 EDINBOROUGH CT			ET ADDRESS					1
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-	ST-ZIP			Cha	nne	Addition
TITLE		☐ DELETE	2.1 TITLE					.3-	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	ET ADDRESS				•	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP					T Addition
TITLE		☐ DELETE	3.1 TITLE				☐ Cha	nge	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRESS					
			3.4. CITY-	-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE				Cha	inge	Addition
NAME.			4. 2 NAMI						
			43STRE	ET ADDRESS					
STREET ADDRESS			4.4 CITY-	_	•				
CITY-ST-ZIP		□ DELETE	5.1 TITLE				Cha	inge	Addition
TITLE			5.2 NAME)					}
NAME				ET ADDRESS					\(
STREET ADDRESS			1						ſ
CITY-ST-ZIP	<u> </u>		5.4 CITY-				Cha	nne	Addition
TITLE		☐ DELETE	6.1 TITLE	1			Псия	nige	C) Addition
NAME			6.2 NAME						
STREET ADDRESS	}		6.3 STRE	ET ADDRESS					
3114E1740014E00	i		L C 4 CITY	CT 7/D					

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: Man SIENE TO THE TO YELD

4-26-99

850 478-1220

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

05-10-1999 90206 005 ***150.00