

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Division of Corporations

and Charitable Organizations

1900 North Florida Avenue, Tallahassee, Florida 32304

APPROVED
AND
FILED

55 MAY 10 AM 10:25

DOCUMENT # **S73989**

(3)

1. Corporation Name

DIRSMITH ACCOUNTING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Office Address P. O. BOX 808 CRYSTAL RIVER FL 34423 US		2a. Mailing Address P. O. BOX 808 CRYSTAL RIVER FL 34423 US	
3. Date of Incorporation or Qualification 08/16/1991		3a. Date of Last Report 03/22/1994	
4. FEI Number 59-3079855		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 has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No			
21. State of Incorporation 21	26. Mailing Address 26		
22. State Apt. # 22	27. State Apt. # 27		
23. City, State 23	28. City & State 28		
24. Country 24	25. Country 25	29. Zip 29	30. Country 30

9. Name and Address of Current Registered Agent

**DIRSMITH, SUSAN T.
255 SE US HWY 19 #18
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 255 SE US HWY 19
83.
84. City FL
85. Zip Code

11. Pursuant to the provisions of Sections 007.0502 and 007.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in 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 007.0505, Florida Statutes.

SIGNATURE: Susan T. Dirsmith 5-8-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME D DIRSMITH, SUSAN T 255 SE US HWY 19 #18 CRYSTAL RIVER FL		1.1 FIRST ☒ Change ☐ Addition	
2. NAME		1.2 NAME	
3. STREET ADDRESS		1.3 STREET ADDRESS 255 SE US HWY 19	
4. CITY, STATE		1.4 CITY, STATE	
5. NAME		2.1 FIRST ☐ Change ☐ Addition	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY, STATE		2.4 CITY, STATE	
9. NAME		3.1 FIRST ☐ Change ☐ Addition	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, STATE		3.4 CITY, STATE	
13. NAME		4.1 FIRST ☐ Change ☐ Addition	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY, STATE		4.4 CITY, STATE	
17. NAME		5.1 FIRST ☐ Change ☐ Addition	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY, STATE		5.4 CITY, STATE	
21. NAME		6.1 FIRST ☐ Change ☐ Addition	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, STATE		6.4 CITY, STATE	

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 any officer or director of this corporation or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of a changed or corrected filing with an address.

SIGNATURE:

Susan T. Dirsmith
SIGNATURE AND TYPED OR PRINTED NAME OF DECLARING OFFICER OR DIRECTOR

5-8-95

904-563-1122