

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

**FILED**  
**Mar 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S73989 (3)**

1. Corporation Name  
**DIRSMITH ACCOUNTING SERVICES, INC.**



Principal Place of Business P. O. BOX 808 CRYSTAL RIVER FL 34423 US	Mailing Address P. O. BOX 808 CRYSTAL RIVER FL 34423-0808 US
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3. Date Incorporated or Qualified <b>08/16/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>P O BOX 930</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P O BOX 930</b> Suite, Apt. #, etc.
23 <b>Inglis FL</b> City & State	27 <b>Inglis FL</b> City & State
24 <b>34449</b> Zip	25 <b>Levy</b> County
29 <b>34449</b> Zip	30 <b>Levy</b> County

4. FEI Number <b>59-3079855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5451 SE 193 RD LANE**  
 83  
 84 City **Inglis** FL 85 Zip Code **34449**

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 Susan T. Dirsmith DATE 3-6-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIRSMITH, SUSAN T</b>	1.2 NAME	
STREET ADDRESS	<b>255 SE US HWY 19</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTERS, NORMAN G</b>	2.2 NAME	
STREET ADDRESS	<b>255 SE US HWY 19</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CRYSTAL RIVER FL 34429</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Susan T. Dirsmith DATE 3/6/97 DAYTIME PHONE # 352-447-2488

CR2E034 (9/96)