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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

0457091

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V53822

(5)

A & C TAX SERVICE, INC.

SIGNATURE:

Principal Place 40944 U.S. HIG TARPON SPRIN US	HWAY 19	Mailing Address 40944 US HIGHWAY 19 TARPON SPRINGS FL 3468 US	40944 US HIGHWAY 19 TARPON SPRINGS FL 34689-5446			3. Date Incorporated or Qualified 3a. Date of Last Report			
						07/29/1992		8/1996	
	lace of Business	2a. Mailing Address				4. FEI Number		<b></b>	plied For
21 Suite, Apt	#. etc.	<b>26</b>				59-3135162		\$8.75 A	t Applicable
22		27			_	5. Certificate of Status Desired		Fee Re	
City & State	9	City & State				6. Election Campaign Financing	<u></u>	\$5.00	
<b>23</b> Zip	Country	28 Z <sub>IP</sub>	Cou	intry		Trust Fund Contribution	t Intensible t	Added t	
24	25	}	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curr					10. Name and Address of New R	egistered A	gent	
WES	STFALL, CAROL		,	81	Name				
	7 FOXHALL DRIVE		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
HOL	JDAY FL 34691			LL					
				83					
				84 (	City	· , , , , , , , , , , , , , , , , , , ,	FL	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	e the a	hove-n	amed corno	ration submits this statement for the		changing it	s registered
office or n agent. La	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida Such change was a	uthorize	d by th	ne corporatio	n's board of directors. I hereby acco	opt the appo	intment as	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE	: Registere	d Agent o	signature required	s when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			S IN 12
TITLE	PSTD	☐ DELETE	DELETE 1.1 T					Change	Addition
NAME	WESTFALL, CAROL L.		1.2 N						
STREET AUDRESS	3417 FOXHALL DRIVE HOLIDAY FL		1	TREET AD	ì				
C/TY-ST-7/P	HODDATTE	DELETE		ITY-ST-2	ZIP			Change	Addition
TITLE NAME		Detric	2.1 Ti 2.2 N				L	Criange	L. ADOILION
STREET ADORESS				amie Treet ad	ND600	•			
CHY+ST-ZIP			- 1	HTY-ST-	1				
TITLE		DELETE	3.1 11	<del></del>				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET AD	DORESS				
CITY-SI-7P				ITY-ST-	ZIP		~ <del>~~~~</del>		<del></del>
PITLE		☐ DELETE	4.1 Ti				Ţ	Change	Addition
NAME			4. 2 N						
STREET ADDRESS			- 1	TREET AD					
CITY - ST - ZIP		DELETE		TY-ST-	ZIP		······	Change	Addition
TITLE NAME		C) DETERE	5.1 Ti 5.2 N		-		L.	- Vilange	L. ROUNDI
STREET ADDRESS				ranie Treet ad	OORESS				
CITY-ST-ZiP			ŧ	ITY-ST-	1				
Tifle	<u> </u>	DELETE	6.1 TITL					Change	Addition
NAM <del>E</del>			6.2 N	AME	Ì				
STREET ADDRESS			6.3 S	TREET AD	DRESS				
CiTY+ST-7IP				TY-ST-					
14. I do hereb	by certify that the information supplied indicated on this appulational report of	lied with this filing does not qualify supplemental annual report is to	y for the	exem	ption stated	in Section 119.07(3)(i), Florida Statut	es. I further	certify that	the der path: that
Lam an o	fficer or director of the corporation in Block 12 or Block 13 if charged	or the receiver or trustee empow, or on an attachment with an add	ered to d	execut	e this report	ny agnature shall have the same leg as dequired by Chapter 607, Florida	Statutes; an	d that my n	name