

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J36057

Entity Name: ACCENT BUSINESS PRODUCTS OF SOUTHWEST FLORIDA, INC.**FILED**
Jan 22, 2016
Secretary of State
CC1789371236**Current Principal Place of Business:**6411 ARC WAY
FT. MYERS, FL 33966**Current Mailing Address:**PO BOX 60011
FT MYERS, FL 33906 US**FEI Number: 59-2728402****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TURBEVILLE, LARRY R.
642 PARKDALE BLVD
LEHIGH ACRES, FL 33936 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DP
Name TURBEVILLE, LARRY R.
Address 642 PARKDALE BLVD
City-State-Zip: LEHIGH ACRES FL 33936Title STD
Name TURBEVILLE, SHARON
Address 642 PARKDALE BLVD
City-State-Zip: LEHIGH ACRES FL 33936Title DV
Name TURBEVILLE, RICHARD
Address 516 LAKE AVE
City-State-Zip: LEHIGH ACRES FL 33972Title VP OF OPERATIONS
Name TURBEVILLE, LESLIE N
Address 6261 ARC WAY
City-State-Zip: FT. MYERS FL 33966

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE N TURBEVILLE**VP OF OPERATIONS****01/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date