

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K27770

(2)

1. Corporation Name

E.A.B. ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business

**250 LIVE OAKS BLVD
CASSELBERRY FL 32707**

Mailing Address

**250 LIVE OAKS BLVD
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

07/07/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2896104

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 § 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

Country

2a. Mailing Address

26 **P.O. Box 181956**

Suite, Apt. #, etc.

27 City & State

28 **CASSELBERRY, FL.**

Zip

29 **32718**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BOOTH, ELEANOR A.
4017 GREENFERN DR
ORLANDO FL 32810**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1755 Sweetwater West Circle

83

84 City

Apopka

FL

85 Zip Code

32712

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
BOOTH, ELEANOR A.
4017 GREENFERN DR
ORLANDO FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**PD
Booth, Eleanor A.
1755 Sweetwater West Circle
Apopka, FL 32712**

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Eleanor A. Booth

Eleanor Booth

4/21/95

(407) 339-4846

Date

Daytime Phone #