

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # K78835 (1)

1. Corporation Name

AAA/LONG'S, INC.

Principal Place of Business

4000 NEWBERRY RD.
GAINESVILLE FL 32607

Mailing Address

4000 NEWBERRY RD.
GAINESVILLE FL 32607

2. Principal Place of Business

21 130 NW 6th St.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

24 32601

County

25 Alachua

2a. Mailing Address

26 130 NW 6th St.

Suite, Apt. #, etc.

27 City & State

28 Gainesville, FL

29 32601

County

30 Alachua

9. Name and Address of Current Registered Agent

LONG, WILLIAM R.
4000 NEWBERRY RD.
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

04/10/1989

3a. Date of Last Report

04/19/1995

4. FFI Number

59-2943475

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Judy Petoski

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

2033 NE 9th Terr.

83

84 City

Gainesville

FL

85 Zip Code

32609

11. Pursuant to the provisions of Sections 609.04 and 609.15 of the Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent, or both, in the State of Florida is not prohibited by the corporation's board of directors. I, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 609.04 of the Florida Statutes.

SIGNATURE

Judy Petoski

3/12/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

P

LONG, WILLIAM R.

2033 N.E. 9TH TERR

GAINESVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 manager or trustee empowered to make the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on the 2010 record with annual fees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

904-378-6200

CR2E034 (12/95)