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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K78835

1. Corporation Name AAA/LONG'S, INC.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90028 020 ***150.00

, , , , , ,		_					
Principal Place	e of Business	Mailing Address					
6569 103RD STREET		6569 103RD STREET					
		JACKSONVILLE FL 32210	* *		DO 1107 1107		
US		U\$ ·				IN THIS SPACE	
					3. Date Incorporated or Qualifed 04/10/1989		
2. Principal P	lace of Business	2a. Mailing Address	· <u>-</u>		4. FEI Number		Applied For
21		26			59-2943475		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certifcate of Status Desired	1 1	5 Additional
22		27			3. 3	Fee	Required
City & State	e	City & State			6. Election Campaign Financing)0 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country		This corporation owes the current		
24	25	29 3	0		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
" '0'	/ PETOCKI	$\overline{}$	81	Name			ì
	y petoski I ne 9th terra ce 5468	waterside Dr	4 82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
GAIN	IESVILLE FL 32809 "JACKS	onvi16, FC	83				
		30010	84	City		85	ip Code
			04	City		FL "	
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	, the above	e-named cor	poration submits this statement for the p	urpose of changing	its registered
office or r	registered agent, or both, in the State :	of Elorida. Such change was aut				the appointment as	
anent la	om familiar with and accept the obligation	tions of Section 607 0505. Florid	nonzeu by la Statutes	the corporat	tion's board of directors. I hereby accept		,
l agent. I a	rm familiar with, and accept the obligation	tions of, Section 607.0505, Floric	da Statutes	the corporat	tion's board of directors. I hereby accept		, eg.u.s.u
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14. Thereby 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, with all other like empowered.

SIGNATURE: