

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L66609**

1. Corporation Name
A J & R CORPORATION



Principal Place of Business
 % JACK L. ARMSTRONG
 2863 KILKIERANE DRIVE
 TALLAHASSEE FL 32308

Mailing Address
 % JACK L. ARMSTRONG
 2863 KILKIERANE DRIVE
 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/19/1990

4. FEI Number
59-3004756

5. Certificate of Status Desired \$8.75 Additional Fee Recurred

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **2883 N. HANNON HILL DR.**

2a. Mailing Address
 26 **2883 N. HANNON HILL DR.**

22 Suite, Apt. #, etc.

23 **TALLAHASSEE, FL.**

24 **32308** 25 **LEON**

27 City & State

28 **TALLAHASSEE, FL.**

29 **32308** 30 **LEON**

9. Name and Address of Current Registered Agent
ARMSTRONG, JACK L.
2863 KILKIERANE DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name **ARMSTRONG JACK L.**

82 Street Address (P.O. Box Number is Not Acceptable)
2883 N. HANNON HILL DR.

83

84 City **TALLAHASSEE** 85 Zip Code **FL 32308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Jack L. Armstrong **JACK L. ARMSTRONG** **4-27-99**
Signature, typed or printed name of registered agent and title if applicable. (NO) E: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, JACK L.	
STREET ADDRESS	2863 KILKIERANE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS	ARMSTRONG, JACK L.	
1.4 CITY-ST-ZIP	2883 N. HANNON HILL DR.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 empowerments.

SIGNATURE: Jack L. Armstrong **JACK L. ARMSTRONG** **4-27-99** **850 893-614**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)