

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000113405

**Entity Name:** A F B T, INC.

**Current Principal Place of Business:**

5563 ALDEN BRIDGE DR.  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

5563 ALDEN BRIDGE DR.  
JACKSONVILLE, FL 32258

**FEI Number:** 20-0297884

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARBOUR, AUSTIN FJR  
5563 ALDEN BRIDGE DR.  
JACKSONVILLE, FL 32258 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 PSTD  
Name BARBOUR, AUSTIN FJR  
Address 5563 ALDEN BRIDGE DR.  
City-State-Zip: JACKSONVILLE FL 32258

*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:** AUSTIN F BARBOUR JR

**PRESIDENT**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date