

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90057 041 ***150.00

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DOCUMENT # 311662

1. Corporation Name

A-1 LIQUIDATING CORPORATION

Principal Place of Business

4407 VINELAND ROAD
D-16
ORLANDO FL 32811
US

Mailing Address

4407 VINELAND ROAD
D-16
ORLANDO FL 32811
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1966

4. FEI Number

59-1163288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 4315 SW. 34th ST.

2a. Mailing Address

26 4315 SW 34th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ORLANDO, FL.

City & State

28 ORLANDO FL.

Zip

24 32811

Country

25 USA

Zip

29 32811

Country

30 USA

9. Name and Address of Current Registered Agent

PURRINGTON, MARGARET
4407 VINELAND ROAD
SUITE D-16
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4315 SW. 34th ST.

83

84 City

ORLANDO.

FL

85 Zip Code

32811

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

Margaret Purington

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

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
BEARDSLEY, HENRY L.
STREET ADDRESS 9106 BAY POINT DR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME D
BEARDSLEY, MOLLIE J.
STREET ADDRESS 9106 BAY POINT DR.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY / TREASURER ☐ Change ☒ Addition

1.2 NAME MARGARET PURRINGTON
1.3 STREET ADDRESS 4315 SW. 34th ST.
1.4 CITY-ST-ZIP ORLANDO FL. 32811

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: Margaret Purington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

407-872-1701

Daytime Phone #

CR2E034 (1/198)