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FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 320082

(1)

1. Corporation Name

AAA EMPLOYMENT, INC.

Principal Place of Business

Mailing Address

4914 A CREEKSIDE DRIVE  
CLEARWATER FL 34620  
US

4914 A CREEKSIDE DRIVE  
CLEARWATER FL 34620-4017  
US



3. Date Incorporated or Qualified  
08/17/1967

3a. Date of Last Report  
08/17/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-1278599

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. 199.032,  
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, DAVID M  
4914 A CREEKSIDE DRIVE  
CLEARWATER FL 34620

81 Name

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

83

84 City

FL

85 Zip Code

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

*David M George*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MROCFKOWSKI, MARIAN  
STREET ADDRESS 10085 186TH AVE SW  
CITY-ST-ZIP DUNNELLON FL

☐ DELETE

1.1 TITLE D  
1.2 NAME QUETSCHENBACH, CAROL  
1.3 STREET ADDRESS 4655 Secret River Trail  
1.4 CITY-ST-ZIP Port Orange, FL 32119

☐ Change

☒ Addition

TITLE DS  
NAME FUTCH, ANNE  
STREET ADDRESS 4001 NEWBERRY RD D4  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

2.1 TITLE D  
2.2 NAME Ahearn, Michele  
2.3 STREET ADDRESS 5500 Executive Ct. Dr. #217  
2.4 CITY-ST-ZIP Charlotte, NC 28212

☐ Change

☒ Addition

TITLE DP  
NAME GEORGE, DAVID  
STREET ADDRESS 4914 CREEKSIDE DRIVE  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

3.1 TITLE T  
3.2 NAME Oerman, Susan  
3.3 STREET ADDRESS 4914A Creekside Drive  
3.4 CITY-ST-ZIP Clearwater, FL 34620

☐ Change

☒ Addition

TITLE D  
NAME KOIVULA, LES  
STREET ADDRESS 5833 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

4.1 TITLE D  
4.2 NAME Davis, Agnes  
4.3 STREET ADDRESS 301 S. Thomas St. #209  
4.4 CITY-ST-ZIP Tupelo, MS 38823

☐ Change

☒ Addition

TITLE D  
NAME HATTON, GWEN  
STREET ADDRESS 1775 LELIA DRIVE #B  
CITY-ST-ZIP JACKSON MS

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT  
NAME KING, LOUISA  
STREET ADDRESS 5833 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE:

*David M George*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

(813) 573-0202

Daytime Phone #

CR2E034 (9/96)