

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 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 022 ***150.00

DOCUMENT # 320082

1. Corporation Name

AAA EMPLOYMENT, INC.

Principal Place of Business

4914 A CREEKSIDE DRIVE
CLEARWATER FL 33760
US

Mailing Address

4914 A CREEKSIDE DRIVE
CLEARWATER FL 33760
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1967

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

GEORGE, DAVID M
4914 A CREEKSIDE DRIVE
CLEARWATER FL 33760

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE D
NAME KOIVULA, LES
STREET ADDRESS 145 N CHURCH ST #202 BTC 27
CITY-ST-ZIP SPARTANBURG SC 29301 ☐ DELETE

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE O
1.2 NAME Carol Quetschenbach
1.3 STREET ADDRESS 4655 Secret River Trail
1.4 CITY-ST-ZIP Port Orange, FL 32119 ☐ Change ☒ Addition

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

3.1 TITLE TS
3.2 NAME Susan Oerman
3.3 STREET ADDRESS 4914A Creekside Drive
3.4 CITY-ST-ZIP Clearwater FL 33760 ☐ Change ☒ Addition

4.1 TITLE O
4.2 NAME Agnes Davis
4.3 STREET ADDRESS 301 S. Thomas St. #209
4.4 CITY-ST-ZIP Tupelo, MS 38803 ☐ Change ☒ Addition

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

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

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: *Susan Oerman* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 727-573-0202

Date

Daytime Phone #

CR2E034 (1/98)