

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

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90022 021 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 438313

1. Corporation Name  
A 5, INC.

Principal Place of Business

Mailing Address

2901 HWY 31 S  
ARCADIA FL 34265  
US

PO BOX 2220  
ARCADIA FL 34265  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1973

4. FEI Number

59-1504027

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARNER, JAMES S  
505 LITTLE LAKE COURT  
WENTER HAVEN FL 33880

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	C	<input type="checkbox"/> DELETE
NAME	VARNER, EDWARD O.	
STREET ADDRESS	PO BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VARNER, PHILLIP E.	
STREET ADDRESS	PO BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VARNER, DAVID O.	
STREET ADDRESS	PO BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VARNER, STEVEN E.	
STREET ADDRESS	30505 TURTLE DOVE LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VARNER, IRIS	
STREET ADDRESS	PO BOX 2220 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VARNER, JAMES S.	
STREET ADDRESS	505 LITTLE LAKE COURT	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-99 1-993-9184

CR2034 (1/1/98)