

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 03, 1999 8:00 am
Secretary of State

05-03-1999 90124 031 ***300.00

DOCUMENT # 493845

1. Corporation Name

AIDE SERVICES, INC.

Principal Place of Business

5402 BEAUMONT CENTER BLVD. STE 102
TAMPA FL 33634-2292

Mailing Address

5402 BEAUMONT CENTER BLVD. STE 102
TAMPA FL 33634-2292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1975

4. FEI Number

36-2862257

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

HEUER, MARTIN
5402 BEAUMONT CENTER BLVD, STE 102
TAMPA FL 33634-2292

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 PTC ☐ DELETE
NAME HEUER, MARTIN
STREET ADDRESS 5402 BEAUMONT CENTER BLVD. #102
CITY-ST-ZIP TAMPA, FL 00000

TITLE D ☐ DELETE
NAME VAN VORIS, JOHN I
STREET ADDRESS 501 EAST KENNEDY BLVD
CITY-ST-ZIP TAMPA FL

TITLE VSD ☐ DELETE
NAME HEUER, RITA M
STREET ADDRESS 5402 BEAUMONT CENTER BLVD. #102
CITY-ST-ZIP TAMPA, FL 00000

TITLE V ☐ DELETE
NAME HEUER, MARTIN J
STREET ADDRESS 5402 BEAUMONT CENTER BLVD. #102
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE
NAME HEUER, RONALD J.
STREET ADDRESS 5402 BEAUMONT CENTER BLVD. #102
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE
NAME SCHUETT, VICTORIA M
STREET ADDRESS 5402 BEAUMONT CENTER BLVD. #102
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
1.2 NAME EDWARDS, JUDITH P.
1.3 STREET ADDRESS 5402 BEAUMONT CTR BLVD., #102
1.4 CITY-ST-ZIP TAMPA, FL 33634-5292

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME DUNLAP, EDWARD
2.3 STREET ADDRESS 5402 BEAUMONT CTR BLVD., #102
2.4 CITY-ST-ZIP TAMPA, FL 33634-5292

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

813-884-0555

Daytime Phone #

CR2E034 (11/98)