

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

DOCUMENT # 515930

1. Corporation Name

A & N CORPORATION

Principal Place of Business

707 SW 19TH AVE
WILLISTON FL 32696
US

Mailing Address

707 SW 19TH AVE
WILLISTON FL 32696
US

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90146 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1976

4. FEI Number

59-1170805

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

VAUDREUIL, DAVID N.
707 SW 19TH AVE
WILLISTON FL 32696

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	VD	☒ DELETE
NAME	VAUDREUIL, NORMAN U	
STREET ADDRESS	FRAMLINGHAM ROAD	
CITY-ST-ZIP	INGLIS FL	
TITLE	PD	☐ DELETE
NAME	VAUDREUIL, DAVID N	
STREET ADDRESS	GENIE COURT PO Box 1099	
CITY-ST-ZIP	YANKEETOWN FL Dunnellon FL 34430	
TITLE	D	☒ DELETE
NAME	VAUDREUIL, JUNE E.	
STREET ADDRESS	FRAMLINGHAM ROAD	
CITY-ST-ZIP	INGLIS FL	
TITLE	SD	☐ DELETE
NAME	VAUDREUIL, SUSAN H.	
STREET ADDRESS	GENIE COURT PO Box 1099	
CITY-ST-ZIP	YANKEETOWN FL Dunnellon FL 34430	
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	Treasurer	☒ Change ☐ Addition
1.2 NAME	David N. Vaudreuil	
1.3 STREET ADDRESS	PO Box 1099	
1.4 CITY-ST-ZIP	Dunnellon, FL 34430	
2.1 TITLE	Vice President	☒ Change ☐ Addition
2.2 NAME	Susan Vaudreuil	
2.3 STREET ADDRESS	PO Box 1099	
2.4 CITY-ST-ZIP	Dunnellon FL 34430	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

352-528-4100

Daytime Phone #

CR2E034 (11/98)