					e e	
	NOW: FILING FEE	AFTER MA	Y 1 IS \$225.00	FI	IED	
PROFIT CORPORATION		FLORIC	A DEPARTMENT OF STATE		FILED	
	AL REPORT		Sandra B. Mortham Secretary of State	Mar 04 1	996 8:00am	
1	1996	DIVIS	ION OF CORPORATIONS			
· · · · · · · · · · · · · · · · · · ·	5707	40	(3)	Secreta	ry of State	
DOCUN 1. Corporation	Name	-10	(0)			
A & A	FENCES, INC.					
Principal Place	of Business	Mailing Address			bit dinte dillen delles distra diebis dialie diene idal	
1210 S E 1ST STREET 1210 S E 1ST STREET PO BOX 1214 PO BOX 1214						
	BEACH FL 33435		SEACH FL 33435			
				3. Date Incorporated or Qualified	3a. Date 02/03/1995	
2. Principal Pla	ice of Business	2a. Mailing Add	ess	4. FEI Number 1955491	Applied For	
Suite, Apt. #	t etc	26 Suite, Apt. #	etc		Not Applicable \$8.75 Additional	
22	, etc.	27	. 010.	Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be	
Zip	Country	Zip	Country	This corporation has liability for its second to the		
24	9, Name and Address of Curre	29	30	Florida Statutes Yes 10. Name and Address of New R		
		III Hagisteleu Ageilt	81 Name	14 4	_	
	N, ARTHUR FOREST GREEN LN		82 Stree	t Address (P.O. Box Number is Not Acceptab	le)	
	TON BEACH, FL		83	1002 SW 24	AVE	
	NA 33462				les I 7to Codo	
				BOYNTON BEAR	11 FL 334210	
11. Pursuant to or register	o the provisions of Set tions 607.050 ad agent, or both, in the State of Flo	02 april 607,1508, Florid gida. Such change was	da Statutes, the above-named of authorized by the corporation'	corporation submits this statement for the pur s board of directors. I hereby accept the appr	pose of changing its registered office ointment as registered agent. I am	
SIGNATURE _	in, and accepting obligations 1759	Cow	Statutes.			
	0.3 x 0.0 x 11	no and the Papalliable	(NOTE: Registered Agent signature	a required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	- 31	DE		ADDITIONS/CHANGES TO OFF	Change Addition	
NAME	AARON, TINA MARIE 1002 SW 24 AVE		1.2 NAME			
STREET ADDRESS	BOYNTON BEACH FL		1.3 STREET ADDRESS	3	•	
CITY-ST-ZIP TITLE	P	□ let	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	AARON, ARTHUR 7729 FOREST GREEN LAI	NE	2.2 NAME			
STREET ADDRESS CITY-ST-ZIP	LANTANA FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE	T AADON MAD (ODV	DE			☐ Change ☐ Addition	
NAME	AARON, MARJORY 7729 FOREST GREEN LAI	NE	3.2 NAME		A STATE OF THE STA	
STREET ADDRESS CITY-ST-ZIP	LANTANA FL		3.3. STREET ADDRES 3.4 CITY-ST-ZIP	3000017:	30622	
TITLE		☐ DE		-03/04/9601	05202 Change Addition	
NAME			4.2 NAME	***200.00		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5		
TITLE		☐ DE	L		☐ Change ☐ Addition	
NAME			5.2 NAME	4/10/00 1/7:	2 0 6 04	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	****200.08	กกไข่นั้นถาว	
TITLE	 	□ DE			Change Addition	

6.2 NAME

The second secon

The state of the s

NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the perporation 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 chapter, or order attrichment with an address. 1/24/16 407-732-3710