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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 693238

1. Corporation Name

AA ENTERPRISES OF NORTH PORT, INC.

Principal Place of Business

5159 TROTT CIR. UNIT B
N PORT FL 34287

Mailing Address

5159 TROTT CIR. UNIT B
N PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1981

4. FEI Number

59-2013369

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ~~Not Applicable~~

\$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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

COFFEREN, JAMES M
5159 TROTT C. UNIT B
NORTH PORT FL 34287

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 ☐ DELETE

NAME COFFEREN, JAMES M

STREET ADDRESS 2709 PARLAY LN

CITY-ST-ZIP NORTH PORT FL

TITLE ☐ DELETE

NAME VT

STREET ADDRESS 3264 VIRGINIA RD

CITY-ST-ZIP VENICE FL

TITLE ☐ DELETE

NAME VS

STREET ADDRESS COFFEREN, JUDY A

CITY-ST-ZIP 2709 PARLAY LN.

TITLE ☐ DELETE

NAME VS

STREET ADDRESS FRECHETTE, ROGER S

CITY-ST-ZIP 5417 ANDERSON RD

TITLE ☐ DELETE

NAME VS

STREET ADDRESS 5417 ANDERSON RD

CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME VS

STREET ADDRESS 5417 ANDERSON RD

CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE ☐ DELETE

NAME VS

STREET ADDRESS 5417 ANDERSON RD

CITY-ST-ZIP PORT CHARLOTTE FL 33981

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 Frechette, Roger P.

4.3 STREET ADDRESS 9398 Anita Avenue

4.4 CITY-ST-ZIP Englewood, FL 34224

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

James M Cofferen

1-10-99

Date

941 426 4297

Daytime Phone #

CR2E034 (1/98)