

FILE NOVA 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 #

F88950

1. Corporation Name

AAA Alert, Inc
4844 Phyllis St
Jacksonville, Fla 32254-3738
Principal Place of Business Mailing Address
c/o L T Tumbelty
4844 Phyllis St
Jacksonville, Fla 32254-3738

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Tumbelty, L.T.
4844 Phyllis St
Jacksonville, Fla 32254-3738

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

L. T. Tumbelty

Signature, typed or printed name of registered agent and firm if applicable

(If the Registered Agent is a corporation, type name of corporation)

Date

2/1/99

12. OFFICERS AND DIRECTORS

TITLE	P	[DELETE]
NAME	Becker, Mike	
STREET ADDRESS	885 Orangewood Rd	
CITY-STATE-ZIP	Jacksonville, FL	
TITLE	VP	[DELETE]
NAME	Tumbelty, John	
STREET ADDRESS	4844 Phyllis St	
CITY-STATE-ZIP	Jacksonville, Fla 32254	
TITLE	S	[DELETE]
NAME	Shirley Turner	
STREET ADDRESS	4844 Phyllis St	
CITY-STATE-ZIP	Jacksonville, Fla 32254	
TITLE	S	[DELETE]
NAME	Patricia Delamare	
STREET ADDRESS	4844 Phyllis St	
CITY-STATE-ZIP	Jacksonville, Fla 32254	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	[Change] [Delete]
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

700002810845- (H&I)
03/18/99 - 01033--001
****150.00 ****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption in Section 119.02(c)(4), 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, which is the same as the signature of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. T. Tumbelty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

904 388 5454

FILED

99 MAR 11 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6-30-82

4. FLE Number
59-2330752

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

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

CR2E034 (1/1/99)