

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90003 002 ***558.75

DOCUMENT # **F97000003819**

Corporation Name

AAC SECURITY ASSOCIATES, INC.

Principal Place of Business

**4. BOX 9
WESTVILLE FL 32464**

Mailing Address

**RT 4. BOX 9
WESTVILLE FL 32464**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

Principal Place of Business

2606 T.W. MILLER LA

Suite, Apt. #, etc.

2a. Mailing Address

26 Same.

Suite, Apt. #, etc.

City & State

WESTVILLE FL

Zip

32464

Country

USA

City & State

WESTVILLE FL

Zip

32464

Country

USA

4. FEI Number

59-3339874

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.



Yes



No

9. Name and Address of Current Registered Agent

**LUFKIN, CHARLES W
RT 4, BOX 9
WESTVILLE FL 32464**

10. Name and Address of New Registered Agent

81 Name

Charles W. Lufkin

82 Street Address (P.O. Box Number is Not Acceptable)

2606 T.W. Miller La

83

84 City

Westville

FL

85 Zip Code

32464

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ET ADDRESS
ST-ZIP
**PSTD
LUFKIN, CHARLES W
RT 4, BOX 9
WESTVILLE FL 32464**

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2606 T.W. Miller La

ET ADDRESS
ST-ZIP
**VD
LUFKIN, PATRICIA A
RT 4, BOX 9
WESTVILLE FL 32464**

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2606 T.W. Miller La

ET ADDRESS
ST-ZIP

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

ET ADDRESS
ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

ET ADDRESS
ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

ET ADDRESS
ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0111602

CR2E034 (5/99)