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

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90069 031 ***150.00

DOCUMENT # K92287

1. Corporation Name

AA&M ENTERPRISES OF NW FL, INC

/Viodyi Li	WELL THOUSE OF TWO 12, III	•••								
Principal Place	e of Business	Mailing Address						.B.(1 01014 45011 1001		
2712 HWY, 98 WEST C/O HUBERT D. ADKISON, S										
1344 BEAL EXTENSION 1344 N. BEAL EXT.										
MARY ESTHER FL 32569 - FT. WALTON BEACH FL 32547-70				2		DO_NOT WRITE I	N_THIS_SPACE			
US		U\$		•		3. Date Incorporated or Qualifed 05/31/1989				
2. Principal P	lace of Business	2a. Mailing Addre	ess	_		4. FEI Number		Applied For		
21 26						59-2995936		Not Applicable	e	
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	5. Certifcate of Status Desired		\$8.7	5 Additional	7		
22 27						Certifcate of Status Desired	Fe	e Required	i	
City & State City & State						6. Election Campaign Financing	. \$5	00 May Be	\neg	
		28	-, '			Trust Fund Contribution		led to Fees		
Zip			Cc	Country		8. This corporation owes the current	ear Intangible			
24	25	29	30			Personal Property Tax.	∐Yes	\Box No	- {	
24	9. Name and Address of Currer		[30]	_		10. Name and Address of New Regi	stered Agent	=		
	o. Hame and place or early			81	Name					
ADK	ison, Hubert D., Sr.					<u> </u>			4	
	BEAL EXTENSION			82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	VALTON BEACH FL 32548			83					- -	
	The second second			03					1	
				84	City		85	Zip Code	7	
		_					FL °°			
11- Pursuant	to the provisions of Sections 607.050)2 and 607:1508, Florid	da Statutes, the	above-	named corpo	pration submits this statement for the purn's board of directors. I hereby accept the	oose of-changin a annointment s	g its registered: is registered	=-	
agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.	J505, Florida Sta	atutes.	ne corporation	in a board of directors. Thereby docept a	о орронилот	5 . og.o.o.o.		
1	, ,	•			,				- {	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Register	red Agent	signature required	when reinstating)	DATE] a	
12.	OFFICERS AN	ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	- [
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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:/_/	whent Dil	1 dhison	RYQUIRED
· _ +	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNI	NG OFFICER OR DIRECTOR