

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 95 JAN 27 PM 4:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L28596 (9)

1. Corporation Name
AAA BUILDING CONSTRUCTION INC.

Principal Place of Business -C/O ELIZABETH MARIA LIPTON- 622 CASSAT AVE. #6 JACKSONVILLE FL 32205	Mailing Address -C/O ELIZABETH MARIA LIPTON- 622 CASSAT AVE. #6 JACKSONVILLE FL 32205
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2977611	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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Remove "c/o, etc." Suite, Apt. #, etc.	2a. Mailing Address 26 Remove "c/o, etc." Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

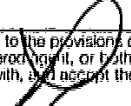
9. Name and Address of Current Registered Agent

**LIPTON, ELIZABETH MARIA
 622 CASSAT AVE #6
 JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name Irion, Robert Kurt, Sr.
82 Street Address (P.O. Box Number is Not Acceptable) 622 Cassat Ave. #6
83
84 City Jacksonville
85 FL
86 Zip Code 32205

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  **Robert K. Irion, Sr., President** 01/24/95

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE P	NAME LIPTON, ELIZABETH MARIA
STREET ADDRESS 11390 Tanager Dr S	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE V	NAME IRION, ROBERT KURT, SR.
STREET ADDRESS 11350 ALTA DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	☒ Change ☐ Addition
1.2 NAME Irion, Robert Kurt, Sr.	
1.3 STREET ADDRESS 11350 Alta Drive	
1.4 CITY-ST-ZIP Jacksonville, FL 32226	
2.1 TITLE Delete	☒ 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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 it might under oath; that I am an officer or director of the corporation or the incorporator or organizer or organizer-in-potential 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 newly forthcoming with an address.

SIGNATURE:  **Irion, Robert K., Sr.** 01/24/95 904-781-6261

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR