FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED
95 MAY -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

DOCUMENT # **L72778** **(8)**

1. Entity Name

A A SERVICE CENTER, INC.

Principal Place of Business

C/O BOBBY G. RUNGE
971 W. JOHN C SIMS PARKWAY
NICEVILLE FL 32578

Mailing Address

C/O BOBBY G. RUNGE
971 W. JOHN C SIMS PARKWAY
NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/11/1990**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. # or Bldg. (22) | Suite, Apt. # or Bldg. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: **59-3015313** ☐ 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. Does corporation owe any back taxes under s. 199.052, Florida Statutes? ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RUNGE, BOBBY G.
971 W JOHN C SIMS PKWY
NICEVILLE FL 32578

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 Section 607.193 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

12. OFFICER AND DIRECTOR

PD
RUNGE, BOBBY, G
195 G JOHN SIMS PKWY
VALPARAISO FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I declare I certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 serve 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 above, or on an attachment with an address.

SIGNATURE: Bobby G. Runge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 95 Date

904-678-3400 Daytime Phone

0351728 CP