**FILED** 

Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90016 029 \*\*\*550.00

SECOND 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).

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

A A SERVICE CENTER, INC.

15	/O BOBBY G. 1 595 E JOHN SI ICEVILLE FL 32 S	ims PKWY		1: N	:/O BOBBY G. RUNGE 596 E JOHN SIMS PK IICEVILLE FL 32578 IS	WY			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/11/1990		
2. Principal Place of Business 2a. Mailing Address									4. FEI Number Applied For		
21				26	26				<b>59-3015313</b> Not Applica	ble	
Suite, Apt. #, etc.			- 27	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona Fee Required	J		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23			0	28	7:-	Cou	ntnı				
-	Zip I		Country	29	Zip	30	, iti y		8. This corporation owes the current year Intangible Personal Property. Yes No	Ì	
24		O Nama	25 and Address of Curre		etarad Agent	30			10. Name and Address of New Registered Agent		
		s. name	and Muniess of Calle	ur wañis	arai an Whaiir		81	Name	ter transport tr		
	RUNG	GE, BOBE	Y G.			i					
971 W JOHN C SIMS PKWY							82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
NICEVILLE FL 32578							83	····			
1	11106						"				
							84	City	FL 85 Zip Code		
							Ш		ation submits this statement for the purpose of changing its registered	$\dashv$	
S	agent. I an	egistered ag n familiar w	pent, or both, in the Stat ith, and accept the obliq	gations o	of, section 607.0505, F	lorida Stat	utes		n's board of directors. I hereby accept the appointment as registered	(	
	ــِ GNATURE si	ilgnature, typed	or printed name of registered ag	ent and title	if applicable. (?	NOTE: Registe	red Ag	gent signature requi	red when reinstating) DATE		
12	SI	ilgnature, typed	or printed name of registered ag			NOTE: Registe	red Aç	gent signature requi	red when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	2	
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

DELETE

850-618-2545

☐ Change ☐ Addition