

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004500 (4)

1. Corporation Name

A.J.H.A.P., INC.

APPROVED
AND
FILED

95 JUL -6 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

526 S.W. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

Mailing Address

526 S.W. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/13/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0533987

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for filing under the
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

City

30

State

9. Name and Address of Current Registered Agent

CHAMPAGNE, SIDNEY
526 S.W. PRIMA VISTA BOULEVARD
PORT ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

01 Name

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

03

04 City

FL

05

Zip Code

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 607.0506, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

ERNST Thervil
3120 MUKA DR Apt. B
Fort Pierce, FL 34982

D

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

Sidney Champagne
526 Sw Prima Vista Blvd
Port St. Lucie, FL 34983

D

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

Erick Edouard
411 N 6th Street
Fort Pierce, FL 34950

D

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS CHANGE IS TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: A SIDNEY CHAMPAGNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(4101)
871-9690