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Secretary of State

07-09-1999 90018 001 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003368 ✓

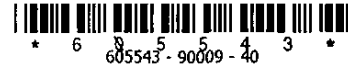
1. Corporation Name

A.A.R. SERVICES, INC.

Principal Place of Business

11983 N. TAMPAH TR. SUITE 113
NAPLES FL 34110

Mailing Address

11983 N. TAMPAH TR. SUITE 113
NAPLES FL 34110

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	08/11/1998
City & State	City & State	4. FBI Number
Zip	Zip	59-5521065
Country	Country	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. Name and Address of Current Registered Agent

GILMORE, DAVID
11983 N. TAMPAH TR.
NAPLES FL 34110

10. Name and Address of New Registered Agent

81. Name	CHRISTOPHER SEAVEY
82. Street Address (P.O. Box Number is Not Acceptable)	11983 N. TAMPAH TRAIL
83. Suite, Apt. #, etc.	SUITE 113
84. City	NAPLES FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

CHRISTOPHER SEAVEY

(NOTE: Registered Agent Signature required when relocating)

DATE

7/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTOPHER SEAVEY	1.2 NAME	
STREET ADDRESS	11983 N. TAMPAH TRAIL	1.3 STREET ADDRESS	
TY-ST-ZIP	SUITE 113 NAPLES, FL 34110	1.4 CITY-ST-ZIP	
TITLE	TREASURER	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVID GILMORE	2.2 NAME	
STREET ADDRESS	11983 N. TAMPAH TRAIL SUITE 113	2.3 STREET ADDRESS	
TY-ST-ZIP	NAPLES, FL 34110	2.4 CITY-ST-ZIP	
TITLE	SECRETARY	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN THOMAS	3.2 NAME	
STREET ADDRESS	11983 N. TAMPAH TRAIL, SUITE 113	3.3 STREET ADDRESS	
TY-ST-ZIP	NAPLES, FL 34110	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDA DENNING	4.2 NAME	
STREET ADDRESS	3408 PONCIANUA ST	4.3 STREET ADDRESS	
TY-ST-ZIP	NAPLES, FL 34105	4.4 CITY-ST-ZIP	
TITLE	DIRECTOR	5.1 TITLE	☐ Change ☐ Addition
NAME	DONALD SINCLAIR	5.2 NAME	
STREET ADDRESS	11253 FIRST ST EAST	5.3 STREET ADDRESS	
TY-ST-ZIP	TREASURE ISLAND, FL 33707	5.4 CITY-ST-ZIP	
TITLE	DIRECTOR	6.1 TITLE	☐ Change ☐ Addition
NAME	SANDRA SAVOIELLO	6.2 NAME	
STREET ADDRESS	7216 SHAROCK	6.3 STREET ADDRESS	
TY-ST-ZIP	TAMPA, FL 33611	6.4 CITY-ST-ZIP	

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 617, 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 information.

SIGNATURE:

CHRISTOPHER SEAVEY

DATE

7/1/99

941-541-5910

SIGNATURE AND TYPE OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (5/99)