07091999-90018-001-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

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

* 605543 - 90009 - 40 *

DOCUMENT # N98000003368

1. Corporation Name

A.A.R. SERVICES, INC.

Principal Place of Business
11983 N. TAMIAMI TR. , Suite 113
NAPLES FL 34110

Mailing Address
11983 N. TAMIAMI TR. , Suite 113
NAPLES FL 34110

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

3. Date Incorporated or Qualified: 06/11/1998

4. FEI Number: 59-5521065 — 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

Name	CHRISTOPHER SEAVEY
Street Address (P.O. Box Number is Not Acceptable)	11983 N. TAMIAMI TRAIL
	Suite 113
City	NAPLES
State	FL
Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE CHRISTOPHER SEAVEY [signature] DATE 7/1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	CHRISTOPHER SEAVEY	
STREET ADDRESS	11983 N. TAMIAMI TRAIL SUITE 113	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	TREASURER	☐ DELETE
NAME	DAVID GILMORE	
STREET ADDRESS	11983 N. TAMIAMI TRAIL SUITE 113	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SECRETARY	☐ DELETE
NAME	JOHN THELTAS	
STREET ADDRESS	11983 N. TAMIAMI TRL, SUITE 113	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	DIRECTOR	☐ DELETE
NAME	LINDA DENNING	
STREET ADDRESS	3488 POINCIANA ST	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	DIRECTOR	☐ DELETE
NAME	DONALD SINCLAIR	
STREET ADDRESS	11253 FIRST ST EAST	
CITY-ST-ZIP	TREASURE ISLAND, FL 33707	
TITLE	DIRECTOR	☐ DELETE
NAME	SANDRA SAVOLELLI	
STREET ADDRESS	7216 SHAMROCK	
CITY-ST-ZIP	TAMPA, FL 33611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ 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 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 empowered.

SIGNATURE: SIGNATURE REQUIRED CHRISTOPHER SEAVEY [signature] 7/1/99 941-591-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)