FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

A-1 PRODUCTS, INC.

|--|--|

FILED

Apr 06 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					- I fårindti jat rijng jirk solik ribis förr annri annk nigut binn aton efter nan,	
			NUE F. ENSLEY IAM AL 35218		DO NOT WRITE IN TH	HIS SPACE
					 Date Incorporated or Qualified 03/05/1991 	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			63-0575521	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	В	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	y	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes 🔀 No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	red Agent
NIF	TY CLEANERS		8	1 Name		
443	22 Market St		8	82 Street Address (P.O. Box Number is Not Acceptable)		
MA	RIANNA FL 32446				· · · · · · · · · · · · · · · · · · ·	
			8	3		
			8	4 City		85 Zip Code
				'		-L !
11. Pursuant I office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligations.	2 and 607,1508, Florida Statut of Florida. Such change was a ations of Section 607,0505. Flo	es, the abo authorized l orida Statut	ve-named corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	FRED WILL	EV IR.			3-3	0-98
SIGNATURE	FRED WILL Signature, typed or printed name of registered age	int and the if applicable (NOT	E: Registered A	gent signature requ	ired when reinstating) DA	TE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	CP	DELETE	1.1 TITLE	1		Change 🔀 Addition
NAME	ATWATER, CHARLES F., JR.		1.2 NAM			
STREET ADDRESS	5447 DOVER CLIFF CIRCLE		1.3 STRE	ET ADDRESS		Zie 35242
CITY-ST-ZIP	BIRMINGHAM AL		1.4 C/TY	-ST - ZIP		
TITLE	VCV	☐ DELETE	21 TITLE			Change 🔀 Addition
NAME	ATWATER, SANDRA B.		2.2 NAM			
STREET ADDRESS	5447 DOVER CLIFF CIRCLE		23 STRE	ET ADDRESS		20000
CITY-ST-ZIP	BIRMINGHAM AL		2 4 CITY	-ST-ZIP		ZIP 35242
TITLE	D	☐ DELETE	3.1 TITLE			Change Addition
NAME	ATWATER, CHARLES F., SR.		3.2 NAM			
STREET ADDRESS	2860 E REGAL CIRCLE		3.3 STRE	et address	:	ZIP 35216
CITY-ST-ZIP	BIRMINGHAM AL			- ST-ZIP	****	
TITLE	ATMATER ALEX D	DELETE	4.1 TITLE			☐ Change 💆 Addition
NAME	ATWATER, ALEX R		4. 2 NAM	_		
STREET ADDRESS	215 CHADWICK LANE		4.3 STRE	ET ADDRESS	•	219 35080
CITY-ST-ZIP	HELENA AL		4.4 CITY			
TITLE	D CALC HUE A	DELETE	5.1 TITLE			Change Addition
NAME	SEALS, JULIE A.		5.2 NAM			
STREET ADDRESS	4620 OLD LOONEY MILL RD		5.3 STRE	ET ADORESS		IP 35243
CITY-ST-ZVP	BIRMINGHAM AL		5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change ☐ Addition
NAME			6.2 NAM	i		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

Thereby 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