

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90045 036 ***150.00

DOCUMENT # P93000041459 (7)
1. Corporation Name

AAA GUTTER INC. ✓

Principal Place of Business

Mailing Address

433 WALKER ST Suite 2A
Holly Hill, FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993 ✓

4. FEI Number

59-3188999 ✓

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. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 433 Walker St

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2-A

27

23 Holly Hill, FL

28

Zip Country

Zip Country

24 32117 25 Volusia

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIACENZA, MICHAEL R
2946 OCEAN TRACE BLVD
DAYTONA BEACH SHORES, FL
32118

81 Name

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

83

84 City

FL

85

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME Michael Piacenza
STREET ADDRESS 2946 Ocean Trace Blvd
CITY-ST-ZIP DAYTONA Beach Shores, FL 32118

1.1 TITLE VP
1.2 NAME J.P.
1.3 STREET ADDRESS 346 Putnam Ave
1.4 CITY-ST-ZIP ORMOND Beach, FL 32174

Change Addition

TITLE VP
NAME JUDY PIACENZA
STREET ADDRESS 346 PUTNAM AVE
CITY-ST-ZIP ORMOND Beach, FL 32174

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUDY A PIACENZA 4/23/99 904-252-0482

CR2E034 (11/98)