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
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90073 011 ***158.75

DOCUMENT # **P94000077010**
1. Corporation Name

A C GENERAL INC.

Principal Place of Business	Mailing Address
5400 VERNA BLVD STE 9 JACKSONVILLE FL 32205 US	P.O. BOX 37048 JACKSONVILLE FL 32236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/18/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-3277418**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ✓	**$8.75** Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing ☐	**$5.00** May Be
23	28	Trust Fund Contribution	Added to Fees

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
JOHNSTON, JOHN MICHAEL 7662 HILLSIDE DRIVE JACKSONVILLE FL 32221	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE NAME **JOHNSTON, JOHN MICHAEL** STREET ADDRESS **7662 HILLSIDE DRIVE** CITY-ST-ZIP **JACKSONVILLE FL 32221**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **STRICKLAND, DANIEL H** STREET ADDRESS **14999 THOMAS MILL ROAD** CITY-ST-ZIP **JACKSONVILLE FL 32205**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: _John Michael Johnston_ 2-22-99   904-783-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #