

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.**  
**AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morfitt  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 12 AM 8:16

**DOCUMENT # P95000000174 (9)**

1. Corporation Name  
**A.J.R.C., INC.**

Principal Place of Business Mailing Address  
**2404 COMMERCIAL WAY 2404 COMMERCIAL WAY**  
**SPRING HILL FL 34608 SPRING HILL FL 34608**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/30/1994</b>	3a. Date of Last Report
4. FFI Number <b>59-3288855</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>ANNUZIATO, JOSEPH</b> <b>2404 COMMERCIAL WAY</b> <b>SPRING HILL FL 34608</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANNUNZIATO, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>7417 GALLOWAY ROAD</b>	1.3 STREET ADDRESS	<b>7216 McGinnes Court</b>
CITY - ST - ZIP	<b>SPRING HILL FL 34613</b>	1.4 CITY - ST - ZIP	<b>Brooksville, FL. 34613</b>
TITLE	<b>SVD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANNUNZIATO, ROSEANN</b>	2.2 NAME	
STREET ADDRESS	<b>7417 GALLOWAY ROAD</b>	2.3 STREET ADDRESS	<b>7216 McGinnes Court</b>
CITY - ST - ZIP	<b>SPRING HILL FL 34613</b>	2.4 CITY - ST - ZIP	<b>Brooksville, FL. 34613</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Joseph Annunziato (Signature and typed or printed name of signing officer or director) **6/6/95** (Date) **(904) 686-2070** (Telephone Number)

CR2E034 (3/95)