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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052575 (4)

A-AABOT FENCE, INC.

FILED Apr 01 1998 8:00am Secretary of State

| | · | | | | |
|---|-------------------------------|-------------------------|-----------------------------------|--|--------------------------------------|
| Principal Place | e of Business | Mailing Address | | -{ + 4 TABOLIANDE CENT DELIGITATION AND SECULDATION AND SECURDATION AND SECURATION AND SECURDATION AND SECURDA | AIDT AININ ICANT AINI TANKI KUL INKE |
| 713 GOLFPOINT DRIVE 713 G | | 713 GOLFPOINT DRIVE | | | • |
| WINTER SPRINGS FL 32708 | | WINTER SPRINGS FL 32708 | | DO NOT WOITE IN | TI IIO ODAOE |
| | | | | DO NOT WRITE IN 3. Date Incorporated or Qualified | THIS SPACE |
| | | | | 07/07/1995 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4 FELNumber | Applied For |
| 2115452 | | 28 5452 Pine | Hills Road | 59-3329083 | Not Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | 11110 | 1 | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | ando, FL | City & State | FL | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 328 | OB 25 U.S. | 29 33808 3 | Country U.S. | This corporation owes or has paid to Personal Property Tax due June 30 | he current year Intangible X Yes No |
| | 9. Name and Address of Curren | I Registered Agent | 10. Name and Address of New Regis | | |
| RUTIQUANO, KAREN 81 Name arlo Rutialiano | | | | | |
| 713 GOLFPOINT DRIVE | | | | ess (P.O. Box Number is Not Acceptable) | |
| WINTER SPRINGS FL 32708 | | | -113 | Golfpoint Dr | IVE |
| | | | 83 | • | |
| | | | 84 City | 100 500000 | 85 Zip Code |
| 44.5 | 10 | 0 1007 (FOO E) 1 O | WI | nter Springs | FL 32700 |
| 11. Pursuant to the provisions of Sections 607:050/2 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 targetiar with, and accept the obligations of, Section 607:0505, Florida Statutes. | | | | | |
| | | | | | |
| SIGNATURE 4 Cullo Sutting Companie of registered agricultural applicable (NOTE Registered Agriculture required when reinstating) DATE OPEN TO SIGNATURE 4 Cullo Suprature, system of registered agricultural applicable (NOTE Registered Agricultural required when reinstating) DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICER | S AND DIRECTORS IN 12 |
| TITLE | Ď | DELET E | 1.1 TITLE | | Change Addition |
| NAME | RUTIGLIANO, CARLO | | 1.2 NAME | | |
| STREET ADDRESS | 713 GOLFPOINT DRIVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | | 1.4 City-St-ZiP | | |
| TITLE | | ∟ DELETE | 2.1 TITLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | | Change Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 5.1 TALE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME | | L J OELETE | 6.2 NAME | | CT Ownings CT Word[IDI] |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

4. 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 trusted 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.

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