

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 04, 1999 8:00 am
Secretary of State

05-04-1999 90148 030 ***150.00

DOCUMENT # P95000056633

1. Corporation Name

AAA BUSINESS CENTERS, INC.

Principal Place of Business

**1225 BENNETT DR
SUITE 201
LONGWOOD FL 32750**

Mailing Address

**1225 BENNETT DR
SUITE 201
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

59-3324815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 740 Fl Central Pkwy

Suite, Apt. #, etc.

22 Suite 2008

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 740 Fl Central Pkwy

Suite, Apt. #, etc.

27 Suite 2008

City & State

28 Longwood, FL

Zip

29 32750

Country

30 USA

9. Name and Address of Current Registered Agent

**BOUTWELL, CONNIE
925 PINE HILL BLVD
GENEVA FL 32732**

10. Name and Address of New Registered Agent

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 607.002 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)

2-5-99

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE
D
NAME
TATUM, M. RAY
STREET ADDRESS
1225 BENNETT DR SUITE 201
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE
P
NAME
JOHNSON, TOM
STREET ADDRESS
1225 BENNETT DR SUITE 201
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE
D
NAME
JOHNSON, AMY
STREET ADDRESS
1225 BENNETT DR SUITE 201
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE
D
NAME
BOUTWELL, TRAVIS
STREET ADDRESS
1225 BENNETT DR SUITE 201
CITY-ST-ZIP
LONGWOOD FL

☐ DELETE

TITLE
S
NAME
BOUTWELL, CONNIE
STREET ADDRESS
1225 BENNETT DR SUITE 201
CITY-ST-ZIP
LONGWOOD FL 32750

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **740 Fl Central Pkwy Ste 2008**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **740 Fl Central Pkwy Ste 2008**

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **740 Fl Central Pkwy Ste 2008**

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **925 Pine Hill Boulevard**
4.4 CITY-ST-ZIP **Geneva, FL 32732**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **925 Pine Hill Boulevard**
5.4 CITY-ST-ZIP **Geneva, FL 32732**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 #

CR2E034 (11/98)

0074301