

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

FLORIDA  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Seal & Map  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000090713 (5)**

1. Corporation Name  
**A.J.P., INC.**



Principal Place of Business  
**303 NORTHWEST DUVAL STREET  
LIVE OAK FL 32060**

Mailing Address  
**303 NORTHWEST DUVAL STREET  
LIVE OAK FL 32060**

2. Principal Place of Business  
21 **1100 S. Ohio Avenue**  
State Apt. #, etc.

22 City & State  
23 **Live Oak, FL 32060**  
Zip

24 **32060** 25 **Suwannee**

2a. Mailing Address  
26 **1100 S. Ohio Avenue**  
State Apt. #, etc.

27 City & State  
28 **Live Oak, FL 32060**  
Zip

29 **32060** 30 **Suwannee**

9. Name and Address of Current Registered Agent

**DAVIS, PATRICIA W  
303 NORTHWEST DUVAL STREET  
LIVE OAK FL 32060**

81 Name  
82 Street Address (P.O. Box Number, Not Applicable)  
83  
84 City  
85 Zip Code  
**FL**

3. Date Reorganized or Quasi-merged: **11/20/1995**  
3a. Date of Last Report  
4. FEIN Number: **59-3352410** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0710 and 607.0712, Florida Statutes, the above named corporation submits to the state, and for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was a self-initiated, the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0710, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. TITLE	<b>D</b>
15. NAME	<b>DAVIS, PATRICIA W</b>
16. STREET ADDRESS	<b>303 NORTHWEST DUVAL STREET</b>
17. CITY, ST, ZIP	<b>LIVE OAK FL 32060</b>
18. TITLE	<b>D</b>
19. NAME	<b>WILSON, S A JR.</b>
20. STREET ADDRESS	<b>ROUTE 2, BOX 370</b>
21. CITY, ST, ZIP	<b>LIVE OAK FL 32060</b>
22. TITLE	<input type="checkbox"/> DELETE
23. NAME	<input type="checkbox"/> DELETE
24. STREET ADDRESS	<input type="checkbox"/> DELETE
25. CITY, ST, ZIP	<input type="checkbox"/> DELETE
26. TITLE	<input type="checkbox"/> DELETE
27. NAME	<input type="checkbox"/> DELETE
28. STREET ADDRESS	<input type="checkbox"/> DELETE
29. CITY, ST, ZIP	<input type="checkbox"/> DELETE

14. I do hereby certify that the above information is true and correct, and does not violate the exception stated in Section 119.07(3)(a), Florida Statutes. I further certify that there is no other information that I am aware of or is applicable to this report. I do hereby consent to the publication of this information in the public domain, and that I am an officer or director of the corporation or the registered agent or person in process to become the registered agent, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I do hereby certify that I will accept the

SIGNATURE:

*Patricia W. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*At Reg by Bank 3-30*

*Rec. & Tr. 2-15-96 362-1000*

CR2E034 (12/95)