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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P95000090713	(5)
1. Corporation Name		

1. Corporation Name			
A.J.P., INC.			
Principal Place of Business Mailing Address			
1100 S. OHIO AVE 1100 S. OHIO AVE LIVE OAK FL 32060 LIVE OAK FL 32060			
LIVE OAK FL 32060 LIVE OAK FL 32060 US US	DO NOT WRITE IN THIS SPACE		
•	3. Date Incorporated or Qualified		
	11/20/1995		
2, Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For		
21 26	<b>59-3352410</b> Not Applicable		
Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional		
27	рее недигеа		
City & State City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees		
24 25 29 30	6. This corporation office of his paid the carrott year this give		
9, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
	A .		
$\sim 1000$ $\sim 1000$ $\sim 100$ $\sim $			
LIVE OAK FL 32060	82 Street Address (P.O. Box Number is Nath Acceptable)		
0	63		
	84 City 1		
	84 City Live Back FL 85 Zip Code 60		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes,	the above named cornoration submits this statement for the purpose of changing its registered.		
agent I am familiar with, and accept the obligations of, Section 607.0505, Florid	vorized by the corporation's board of directors. I hereby accept the appointment as registered a Statutes.		
SIGNATURE			
, Signature, typed or pointed name of regulation diagonal and the diagonal able. (NOT): Ri	gistered Agent signature required when reinstating) DATE		
· 12. OFFICERS AND DIBECTORS  TIME □ □ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
DAMO DATOMOM M	11 TITLE D LANGE LAddition		
AND MODERNEOT DIRVAL OTDECT	12 NAME Davis, Patricia W. 13 STREET ADDRESS 11086 7/AT Place		
INT OAK EL GOOGO	10 0 10		
TITLE DELETE	Change Addition		
NAME WILSON, S.A. JR.	22 NAME Wilson S.A. JR.		
STREET ADDRESS ROUTE 2, BOX 370	23 STREET ADDRESS 9946 County Road 136		
CITY-ST-ZIP LIVE OAK FL 32060	22 NAME Wilson, S. A. JR. 23 STREET ADDRESS 9946 COUNTY Road 136 2.4 CITY-SI-ZIP Live Oak, FL 3206 CD		
TITLE DELETE	3.1 TITLE Change Addition		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY-S1-7IP		
TITLE DELETE	4.1 TILE Change Addition		
NAME	4.2 NAME		
\$TREET ADDRESS	4.3 STREET ADDRESS		
City-St-ZiP	4.4 CITY - S1 - ZIP		
THILE	5.1 TITLE L. Change L. Addition		
NAME	5.? NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP DILETE DILETE	5.4 CITY-S1-7IP		
	6.1TITLE L_I Change L_I Addition		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STRELT ADDRESS		
CITY-ST-ZIP  1. Understood that the information supplied with this films does not qualify for the	6.4 CHY-ST-2IP 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 accura	te and that my signature shall have the same legal effect as if made under path, that I am an		
Block 12 or Block 13 if characed, goon an anachyrent with an address.	cute this report as required by Chapter 607, Florida Statutes; and that my name appears in		