

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90198 047 ***150.00

0005193 AV

DOCUMENT # P95000090713

1. Entity Name
A.J.P., INC.



Principal Place of Business
**1100 S. OHIO AVE
LIVE OAK FL 32060
US**

Mailing Address
**1100 S. OHIO AVE
LIVE OAK FL 32060
US**

11014504



2. Principal Place of Business
1100 S. Ohio Ave

3. Mailing Address
1100 S. Ohio Ave

Suite, Apt. #, etc.

City & State
Live Oak, FL

City & State
Live Oak, FL

4. FEI Number **59-3352410** Applied For
Not Applicable

Zip **32064** Country **Sawannee**

Zip **32064** Country **Sawannee**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, PATRICIA W
11086 71ST PLACE
LIVE OAK FL 32060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, PATRICIA W
STREET ADDRESS	11086 71ST PLACE
CITY-ST-ZIP	LIVE OAK FL 32060
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, S A JR.
STREET ADDRESS	9946 COUNTY ROAD 136
CITY-ST-ZIP	LIVE OAK FL 32060
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Wilson, S. A. Jr
STREET ADDRESS	303 W Duval St
CITY-ST-ZIP	Live Oak, FL 32064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **S. A. WILSON JR.** **1-2-03** **(386)-362-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)