

**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

CHECK HERE IF MAKING CHANGES

City & State
Live Oak, FL

City & State
Live Oak, FL

Zip
32064

Country
Sawannee

Country
Sawannee

4. FEI Number
59-3352410

Applied For
 Not Applicable

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, PATRICIA W 11086 71ST PLACE LIVE OAK FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, S A JR. 9946 COUNTY ROAD 136 LIVE OAK FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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D
Wilson, S. A. Jr
303 W Duval St
Live Oak, FL 32064

Change Addition
Address

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)