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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027133

1. Corporation Name
A.H.S., INC.

Principal Place of Business
11955 S.O.B.T
KISSIMMEE FL 32837

Mailing Address
P.O. BOX 450037
KISSIMMEE FL 34745

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3392444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, GEORGE
11955 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

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 607.0502 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

George W. Arnold
Signature of person printed on this form as registered agent and title if applicable. (NOT a Registered Agent signature required when reinstating)

4/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ARNOLD, GEORGE W
STREET ADDRESS
11955 S.O.B.T
CITY-ST-ZIP
KISSIMMEE FL 32837

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
HOBBS, JIMMY D
STREET ADDRESS
11955 S.O.B.T
CITY-ST-ZIP
KISSIMMEE FL 32837

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V.P.
CINDY M. ARNOLD
11955 So O.B.T
Kissimmee FL 32837

TITLE ☐ DELETE

NAME
JOHNSON, JOHN M
STREET ADDRESS
11955 S.O.B.T
CITY-ST-ZIP
KISSIMMEE FL 32837

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
FLICKINGER, MIRIAM
STREET ADDRESS
11955 S.O.B.T
CITY-ST-ZIP
ORLANDO FL 32837

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 119.073(1), 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 attached page with an address, with a letter like empowered.

SIGNATURE:

George W. Arnold
Signature and typed or printed name of signing officer or director

4/25/99

407-240-9336

Date

Daytime Phone #

CR2E034 (11/98)

0000297