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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000046477 (1) DOCUMENT #

AARON DIVERSIFIED SERVICES, INC.

## FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1307 E. ALFRED STREET #B 1307 E. ALFRED STREET #B TAYARES FL 32778 TAVARES FL 32778 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1996 FEI Number 5 2. Principal Place of Business 2a. Mailing Address 9-3452662 Applied For Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Brumbaugh, James a Sr 1307 E. ALFRED STREET #B 82 Street Address (P.O. Box Number is Not Acceptable) TAVARES FL 32778 83 City 84 Zip Code 85 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, I lorida Statutes. SIGNATURE Signature, typed or printed name of registeri diagent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1.100 NAME BRUMBAUGH, JAMES A SR 1.2 NAME **22E034** 24824 GAN-EDEN DRIVE STREET ADDRESS 1.3 STREET ADDRESS **AS**TATULA FL 34705 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **Br**umbaugh, James a Jr NAME 2.2 NAME 24800 GAN-EDEN DRIVE STREET ADDRESS 2.3 STREET ADDRESS **A**STATULA FL 34705 CITY-ST-ZIP 2. 4 CiTY - ST- 7IP DELETE 3.1 TITLE ☐ Change Addition NAME **Br**umbaugh, Susanne 3.2 NAME 24812 GAN-EDEN DRIVE STREET ADDRESS **3.3 STREET ADDRESS ASTATULA FL 34705** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE. ☐ Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the 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 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 4129198