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FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000057858 (8)

1. Corporation Name

A-A-A-A-AFFORDABLE MAID SERVICE, INC.

Principal Place of Business

P.O. BOX 316  
VALRICO FL 33595-0316

Mailing Address

P.O. BOX 316  
VALRICO FL 33595-0316



3. Date Incorporated or Qualified  
07/10/1996

3a. Date of Last Report  
This is first

2. Principal Place of Business

21 3515 Pine Knot Dr.

Suite, Apt. #, etc.

22

City & State

23 Valrico FL

Zip

24 33594

Country

25 Hillsb.

2a. Mailing Address

26 3515 Pine Knot Dr.

Suite, Apt. #, etc.

27

City & State

28 VALRICO, FL

Zip

29 33594

Country

30 Hillsborough

4. FEI Number  
59-3390751

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PIERCE, WEBSTER  
203 SOUTH PARSONS AVENUE  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name DONNA Borders

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

3515 Pine Knot Dr

83

City

VALRICO

FL

85

Zip Code

33594

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 DONNA Borders, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
BORDERS, DONNA I  
STREET ADDRESS 3515 PINE KNOT DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/T  
Borders, Donna I  
1.3 STREET ADDRESS 3515 Pine Knot Dr.  
1.4 CITY-ST-ZIP Valrico, FL 33594

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V/S  
Thompson, Kesia  
2.3 STREET ADDRESS 5117 Twin Creeks Dr.  
2.4 CITY-ST-ZIP Valrico, FL 33594

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 attachment with an address.

CR2E034 (9/96)