

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90026 023 ***150.00

DOCUMENT # P96000063506

1. Corporation Name
AHEAD OF SCHEDULE INC.

Principal Place of Business

2986 NE 146 CT.
SILVER SPRINGS FL 34488

Mailing Address

P.O. BOX 2386
SILVER SPRINGS FL 34489

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

65-0636421

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

21 46 NE 28 AVE.

Suite, Apt. #, etc.

22 City & State

23 OCALA, FL

24 Zip Country

25 34470 MARION

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34470 MARION

9. Name and Address of Current Registered Agent

HETTINGER, CRAIG R
2986 NE 146 CT.
SILVER SPRINGS FL 34488

81 Name

HETTINGER, CRAIG R

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

46 NE 28 AVE

83

84 City

OCALA

FL

85 Zip Code

34470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

P HETTINGER, CRAIG R

STREET ADDRESS 2986 NE 146 CT.

CITY-STATE-ZIP SILVER SPRINGS FL 34488

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRES.

1.2 NAME

HETTINGER, CRAIG R

1.3 STREET ADDRESS

46 NE 28 AVE

1.4 CITY-STATE-ZIP

OCALA, FL 34470

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)