

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

DOCUMENT # P97000001837

1. Corporation Name

AGGRESSIVE ENTERPRISES OF FLORIDA, INCORPORATED

Principal Place of Business

1103 12TH AVE
PALMETTO FL 34221
US

Mailing Address

1103 12TH AVE EAST
PALMETTO FL 34221
US

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90092 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1997

4. FEI Number

59-3418570

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 2265

27 Suite, Apt. #, etc.

28 City & State

Hickory, NC

29 Zip Country

28603 USA

9. Name and Address of Current Registered Agent

GARRISON, DENNY C
1103 12TH AVE EAST
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name

Thomas Arthur

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

1103 12th Ave. East

83

84 City

Palmetto

FL

85 Zip Code

34221

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 Thomas Arthur Thomas Arthur

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

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-----------------------|------------------|--------------------------------|-------------------|-------------------------------------|
| V | GARRISON, DENY C | 1103 12TH AVE | PALMETTO FL 34221 | <input checked="" type="checkbox"/> |
| President / Treasurer | Lee G. Brown | 201 Government Ave., Suite 208 | Hickory, NC 28602 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|----------------------------|-------------------|--------------------------------|-------------------|--------------------------|-------------------------------------|
| President / Treasurer | Lee G. Brown | 201 Government Ave., Suite 208 | Hickory, NC 28602 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Vice-President / Secretary | R. Keith Townsend | 201 Government Ave., Suite 208 | Hickory, NC 28602 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 12 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

3-8-99

Date

828-345-0131

Daytime Phone #

CR2E034 (11/98)