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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARITMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

000091831°K DOCUMENT #

1. Corporation Name

A PLUS FENCE, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90236 007 ***150.00

O CONTINUO ERA 1970, SULLI NOTE MALLE DOCE AND SERVICE DOCE AND RESERVICE DE SERVICE DE

Principal Place of Business	Mailing Address		I INDIENDE IIM IBENT ENITE NATER NOTER NATER NATER	: Blair Bally Bibil :	#
P.O. Box 585631	P.O. Box 5856	31			
0 2000	ORLANDO FL 32858		DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32853	CELIANDO F C	02021	3. Date Incorporated or Qualifed		
			10/23/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ар	pled For :
21	26		59-3475961	No	t Applicable
Suite, Apt # etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	Additiona'
22	27		5. Certificate of Status Desired	Fee Re	quired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	28		Trust Fund Contribution	Added t	o Fees .
Zip Country	Z _i p (-	Country	8. This corporation owes the current year b		:
24 25	29 3	30	Personal Property Tak	☐ Yes	E]No
9: Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
Johnson, - Rodnier S	>	81 Name			
5126 LAKE DEBRA DRIVE 82 Street			ress (P.O. Box Number is Not Acceptable)		!
•		83			
Apr. 734				-	
Orlando FL 3283	38	84 City	Fi	85 Zip C 	Code
11. Pursuant to the provisions of Sections 607, office or registered agent, or both, in the St agent. I am familiar with, and accept the ob-	ate of FloridaSuch change was aut	thorized by the corporation	portion submits this statement for the purpose of one-board of directors. Hereby accept the appropriate the submits of the sub	f changing its antment as req	registered gistered——
SIGNATURE			<i>(</i> 4/9/9	۱۹	İ
Signature, typed or printed name of registered	agent and title if applicable (NOTE R	Registered Agent signature require	d when reinstating) DATE		
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE 15	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME JOHNSON, RODNEY S		12 NAME]
STREET ADDRESS 5126 LAKE DEBRA DRIVE		1 3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32835		1.4 CITY-ST-ZIP			
TITLE	DELETE	2 1 TITLE		Change 🗌	Addition
NAME		2 2 NAME			1
STREET ADDRESS		23 STREET ADDRESS			1
CITY-ST-ZIP		2 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3 1 TITLE		Change	☐ Accition
NAME		3.2 NAME			1
STREET ADDRESS	•	3.3 STREET ADDRESS			
CITY-ST-ZIP		34 CITY-ST-Z:P			

CITY+ST-Z:P 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 extroowered 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 affectment with facilities with all other like empowered.

4 t TITLE

4.2 NAME

51 TITLE 52 NAME

61 TITLE

6 2 NAME

4.3 STREET ACDRESS

5 3 STREET ADDRESS

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

☐ Addition

☐ Addition

Add tion

Change

☐ Change

☐ Change