SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000045129 (8)

ACQUISITION SERVICES OF AMERICA, INC.

Principal Place of Business
1424 COMMERCIAL PARK DR

Mailing Address

## FILED Jul 29 1998 8:00am Secretary of State



1424 COMMERCIAL PARK DR		1424 COMMERCIAL PARK DR		
Suite 7   Lakeland fl 33801		Suite 7 Lakeland FL 33801		DO NOT WRITE IN THIS SPACE
	••••			3. Date Incorporated or Qualified 05/21/1997
	lace of Business	2a. Mailing Address	4	4. FEI Number Applied For
21 /503	3 TRODEWINDS AVE	26 1503 TRADEL	wwos Ar	VE 62-1693870 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required
City & State City & State / Q			ELAND	6. Election Campaign Financing \$5.00 May Be
23 LAK	ELOND FL.	28 FL	2 (3)	Trust Fund Contribution Added to Fees
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible
24 358	0/25	29 33801 31	0	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registered Agent
LITTLE, <b>Geo</b> rge r				·e
1424 COMMERCIAL PARK DR			82 Street	et Address (P.O. Box Number is Not Acceptable)
SUITE 8			□ 1/5	503 TRADEWING HUC
LAKELAND FL 33801			83	4
			84 City	- 85 Zip Code
				LAKELANO FL 85 Zip Code 33801
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 GERECE R. J. T.L.C. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent Signature required when reinstating)  DATE				
	Signature, typed or printed name of registered agent an	nd title if applicable (NOTE		
12.	OFFICERS AND I	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	P Change Addition
NAME	LITTLE, GEORGE R	UTC o	1.2 NAME	LEDZ TRADEWINDS AVE
STREET ADDRESS	1424 COMMERCIAL PARK DR SU LAKELAND FL 33801	AIC 0	1.3 STREET ADDRESS	1 1 0 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CITY-ST-ZIP	LANGUAND FL 33001	<del></del>	1.4 CITY-ST-ZIP 2.1 TITLE	S 1503 TRADEWINDS AVE LAKELAND, EL 33881
TITLE		DELETE	•	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	8
CITY-ST-ZIP TITLE		<del></del>	2.4 CITY-ST-ZIP 3.1 TITLE	
		L_] DELETE		Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	5
CITY-ST-ZIP TITLE		171	3.4 CITY-ST-ZIP 4.1 TITLE	
NAME		L_ DELETE	4.2 NAME	Change Addition
			1	
STREET ADDRESS			4.3 STREET ADDRESS	5
CITY-S1-ZIP TITLE		<u>ГП</u>	4.4 CITY-ST-ZIP 5,1 TITLE	
NAME		L] DELETE	5.1 TITLE 5.2 NAME	Change Addition
			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS				,
CITY-ST-ZIP TITLE		Попет	5.4 CITY-ST-ZIP 6.1 TITLE	
NAME	•	☐ DELETE	6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	غ ا
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

4. 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 of 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 this corporation or the receiver of 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 appearant with an address.

SIGNATURE: CERRICINE VILLE GUIRI

7/12/08 941/665,7683

(08/C) \$000