

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90201 039 \*\*\*150.00

DOCUMENT # P97000045284

1. Corporation Name

AKI & COMPANY, INC.

Principal Place of Business

950 WEST 2ND STREET  
RIVIERA BEACH FL 33404

Mailing Address

950 WEST 2ND STREET  
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0760154

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

21 950 W 2ND ST.

Suite, Apt. #, etc.

22 City & State

23 RIVIERA BEACH, FL.

24 Zip

33404

25 Country

PB

2a. Mailing Address

26 1556 W 35TH ST.

Suite, Apt. #, etc.

27 City & State

28 RIVIERA BEACH FL

29 Zip

33404

30 Country

PB.

9. Name and Address of Current Registered Agent

HOBBS, TRINETTE  
950 W 2ND STREET  
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name TRINETTE HOBBS

82 Street Address (P.O. Box Number is Not Acceptable)  
1556 W 35TH ST.

83

84 City RIVIERA BEACH, FL

85 Zip Code

33404

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 TrINETTE Hobbs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
HOBBS, TRINETTE  
STREET ADDRESS 950 WEST 2ND STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME D  
HOBBS, WILLIAM A  
STREET ADDRESS 950 WEST 2ND STREET  
CITY-ST-ZIP RIVIERA BEACH FL 33404

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: TrINETTE Hobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRINETTE HOBBS (561) 842-5470

Date

Daytime Phone #

CR2E034 (11/98)