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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 P9700060590

1.	Corporation Name	1 01 00000000						
	AMERICAN PLA	astering company of Northeast F	LORIDA					

l											
ľ	Principal Place of Business Mailing Address						* 1997144) ((8 }8()) (99)(39))* 43)III 00 111 00 1		115111 4411 1551	
	6376-5 GREENLA	AND ROAD	6376-5 GREENLAND ROAD								
l	JACKSONVILLE	FL 32258	JACKSONVILLE FL 32258				DO NOT WRITE IN THIS SPACE				
						3	Date Incorporated or Qualifed		- OI NOL		
1						3.	07/11/1997				
ŀ	6 0 : : : I B	of Ducines	2a. Mailing Address			4	FEI Number			pplied For	
ŀ	 -1	ace of Business	26 Walling Address				59-3477658			ot Applicable	
ŀ	Suite, Apt. i	t ete	Suite, Apt. #, etc.						- \$8.75		
ŀ	22 Suite, Apt. 1	7, BIC.	27			5.	Certifcate of Status Desired	×		equired	
ŀ	City & State		City & State			6.	Election Campaign Financing		\$5.00	May Be	
ŀ	23	•	28			"	Trust Fund Contribution		•	to Fees	
ł	Zip	Country	Zip	Country		8.	This corporation owes the curr	rent year	intangible		
ŀ	24	25	29 30				Personal Property Tax.		☐ Yes	□No	
ŀ	<u></u>	9. Name and Address of Current Registered Agent				10.	Name and Address of New I	Registere	d Agent		
MAXWELL, RONALD W 4811 ATLANTIC BLVD., SUITE #4					Name						
					Street A	ddress (F	O. Box Number is Not Accepta	able)			
					Ollect A	i) econom	.o. box rumber to not recopi				
	JACH	(SONVILLE FL 32207-2129		83							
			94	84 City 8					Zip Code		
			04	City		FL					
1	11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above	e-named c	corporatio	submits this statement for the	purpose	of changing its	s registered	
ĺ	office or re	egistered agent, or both, in the State on familiar with, and accept the oblig-	e of Florida. Such change was auth ations of, Section 607.0505. Florida	orized by a Statutes	the corpor	ration's bo	pard of directors. I hereby acce	pt the app	onument as re	agistered	
l	Ü	m rammar man and decept me and									
ļ	SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered Ager	nt signature rec			DATE		<u> </u>	
ĺ	12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS /			
	TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	Additio	
ļ	NAME	MOTES, JARRETT T		1.2 NAME							
Ì	STREET ADDRESS	ETABORES COTO CITEETTO TICK		1.3 STREET	.3 STREET ADDRESS						
	CITY-ST-ZIP	JACKSONVILLE FL 32258	<u>, ,</u>	14 CITY-S	T-ZIP						
ſ	TITLE	D	☐ DELETE	2.1 TITLE					☐ Change	☐ Additio	
l	NAME	MOTES, CLISTA L		2.2 NAME							
	STREET ADDRESS	2605 EDGEMOOR STREET		2.3 STREE	ADDRESS .			منستجة الا			

PALATKA FL 32177 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME MOTES, WILLIAM L NAME 6376-5 GREENLAND ROAD 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 witty an address, with all pherylike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Daytime Phone #

CR2E034 (11/98)