

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  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90084 016 \*\*\*150.00

DOCUMENT # P97000077245

1. Corporation Name

A & E PROPERTY MANAGEMENT, INC.



Principal Place of Business

102 BEECH STREET  
CRESTVIEW FL 32536

Mailing Address

P O BOX 178  
CRESTVIEW FL 32536-178  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3470428

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

21 335 N Main Street

Suite, Apt. #, etc.

22 City & State

23 Crestview, FL

Zip Country

24 32536

25 USA

2a. Mailing Address

26 335 N Main Street

Suite, Apt. #, etc.

27 City & State

28 Crestview, FL 32536

Zip Country

29 32536

30 USA

9. Name and Address of Current Registered Agent

JOHNSON, JANET F  
102 BEECH STREET  
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

Janet F. Johnson

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

335 N Main Street

83

84 City

Crestview,

FL

85 Zip Code  
32536

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

*Janet F. Johnson*

3/24/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME JOHNSON, JANET F  
STREET ADDRESS 102 BEECH AVE  
CITY-ST-ZIP CRESTVIEW FL 32536-0178

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Janet F. Johnson

1.3 STREET ADDRESS

335 N Main Street

1.4 CITY-ST-ZIP

Crestview, FL 32536

2.1 TITLE

Secretary

☐ Change ☒ Addition

2.2 NAME

William S. Johnson

2.3 STREET ADDRESS

335 N Main Street

2.4 CITY-ST-ZIP

Crestview, FL 32536

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:

*Janet F. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

Date

850-689-1515

Daytime Phone #

CR2E034 (1/198)