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Apr 15, 1999 8:00 am
Secretary of State

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US-9206

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 **335 N Main Street**
 Suite, Apt. #, etc.

22 City & State

23 **Crestview, Fl**

24 **32536** 25 **USA**

2a. Mailing Address

26 **335 N Main Street**
 Suite, Apt. #, etc.

27 City & State

28 **Crestview, Fl 32536**

29 **32536** 30 **USA**

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

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

DATE **3/24/99**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	JOHNSON, JANET F	
STREET ADDRESS	102 BEECH AVE	
CITY-ST-ZIP	CRESTVIEW FL 32536-0178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Janet F. Johnson

3/24/99

850-689-1515

Date

Daytime Phone #

CR2E034 (1/198)