## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P97000082878 (4)

AAAA PROFESSIONAL INVESTIGATIONS INC.

**FILED** May 07 1998 8:00am Secretary of State

|--|

Principal Place of Business		Mading Address		. 19511951 (19 1914 1951) 4911) 49111 591(1 5514) 45114 1916) 1914 1955 1914 1955	
2980 NE 49TH ST.		2990 NE 49TH ST.		·	
OCALA FL 34	479	OCALA FL 34479		DO NOT WRITE IN THIS	PDACE
				3. Date Incorporated or Qualified	STACE
				09/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	idos of Basingoo	26 PO BOX 7	บลา	59-3474358	Not Applicable
Suite, Apt	#. elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27 OCala FL		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 34470-017	33	Trust Fund Contribution	Added to Fees
Zip	Country	7 <sub>ip</sub>	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
	9, Name and Address of Cui	rent Registered Agent		10. Name and Address of New Registered	l Agent
OL	SON, WALTER		81 Name	<del> </del>	·
	10 NE 49TH ST.		82 Street A	Address (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
	ALA FL 34479		OZ Spect	rodiess (F.O. Dox Number is Not Acceptable)	
			83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the above-named of		of changing its registered
office or re	egistered agent, or both, in the SI m familiar with, and accept the of	ate of Florida, Such change was	authorized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as registered
	m aniia with and accept the or	nigations or, Section 607.0303, Fr	onda Statules.		
SIGNATURE	Signature: typied or printed name of registered	Lagent and title if applicable (NO	IL Flegislered Agent signature r	required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	OFLETE	1.1 TITLE		Change Addition
NAME	OLSON, WALTER		1.2 NAME		ĺ
STREET ADDRESS	2940 NE 49TH ST.		1.3 STREET ADDRESS		
CATY-ST-ZIP	OCALA FL 34479		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PADGETT, SANDI		2.2 NAME		
STREET ADDRESS	2990 NE 49TH ST.		2 3 STREET ADDRESS		•
CITY-S1-ZIP	OCALA FL 34479		2. 4 CITY - ST - ZIP		ì
TITLE	ST	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PADGETT, HUGH		3.2 NAME		
STREET ADDRESS	2990 NE 49TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34479		34. CITY-ST-ZIP		
TITLE		DELETE	4.1 Title		☐ Change ☐ Addition
KAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADORESS		!
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			53 STREET ADDRESS		\
			54 CHY-ST-ZIP		
CITY-ST-ZIP TITLE		DELFTE	61 TIFLE		☐ Change ☐ Addition
NAME		t or ut	6.2 NAME		_ 55.9555011
STREET ADDRESS			6.3 STREET ADDRESS		į
					İ
CITY+ST-ZIP		durity this flue does not a rolling	6.4 CITY - ST - ZIP	d in Section 119.07(3)(i), Florida Statutes, I further of	

Indicated on this annual report or supplied with this minig does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. Further certify that the informatic indicated on this annual report or supplied entitled 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

wither ason

4/29/18 353847-8666