

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90219 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999 (L)
DOCUMENT # P98000064054
1. Corporation Name
A & F SOUTH, INC.



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



Principal Place of Business
**8657 WINDY CIR.
BOYNTON BEACH FL 33437**

Mailing Address
**8657 WINDY CIR.
BOYNTON BEACH FL 33437**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/20/1998

4. FEI Number
65-0849052

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. ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**ABBOTT, TOMMY
8657 WINDY CIR.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
81 Name **Holman, Trevor**
82 Street Address (P.O. Box Number is Not Acceptable) **same**
83
84 City **FL** 85 Zip Code

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 Trevor Holman (NOTE: Registered Agent signature required when reinstating) DATE **7/1/99**

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Trevor Holman	
STREET ADDRESS	8657 Windy Cir.	
CITY-ST-ZIP	Boynton Beach FL 33437	
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE
NAME	Stephen Nutt	
STREET ADDRESS	1304 Fawn St.	
CITY-ST-ZIP	Tullahoma TN 37388	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Joanne Holman	
STREET ADDRESS	8657 Windy Cir.	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Tommy Abbott	
STREET ADDRESS	91 Timber Knoll	
CITY-ST-ZIP	Winchester, TN 37398	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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.

SIGNATURE: Trevor Holman DATE **7/1/99** 561-733-4802

CR2E034 (5/99)