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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90083 008 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000065978

1. Corporation Name

A & A UNLIMITED INVESTMENTS, INC.

Principal Place of Business

37105 LOCK STREET
DADE CITY FL 33525

Mailing Address

P.O. BOX 13602
TAMPA FL 33681-3602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1998

4. FEI Number

59-3526450

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 2979 CR 416

2a. Mailing Address

26 PD Box 468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE PANASOFFKEE, FL

City & State

28 JUDSONIA, AR

Zip

Country

24 33538 25 USA

Zip

Country

29 72081 30 USA

9. Name and Address of Current Registered Agent

LEGG, DENISE
37105 LOCK STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name William Anthony Griffin

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

469 CR 4823

83

84 City LAKE PANASOFFKEE FL

85 Zip Code 33538

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 William Anthony Griffin

(NOTE: Registered Agent signature required when reinstating)

05-10-1999

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------|-------------------|--------------------|-------------------------------------|
| PD | LEGG, DENISE | 37105 LOCK STREET | DADE CITY FL 33525 | <input checked="" type="checkbox"/> |
| VPD | SMITH, ALEC | 37105 LOCK STREET | DADE CITY FL 33525 | <input type="checkbox"/> |
| ST | SHELL, BETTY | 4416 OHIO AVENUE | TAMPA FL 33616 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|------------------|---------------------|---------------------------|-------------------------------------|--------------------------|
| PD | GRIFFIN, ANTHONY | 169 Providence Road | Judsonia Ar. 72081 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| IVPD | LEGG, DENISE | 169 Providence Rd. | Judsonia Ar. 72081 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2VPD | PHILLIPS, MARY | 469 C.R. 4823 | LAKE PANASOFFKEE FL 33538 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3VP | SMITH, ALEC | 37105 LOCK STREET | DADE CITY FL 33525 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ST | SHELL, BETTY | 11815 Mary Bill Ln. | DADE CITY, FL 33525 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: William Anthony Griffin 05-10-1999 501-729-4807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)