

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90790 038 ***150.00

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DOCUMENT # P98000077405

1. Entity Name
AC & LP CORP.



Principal Place of Business
**2057 TAFT ST.
HOLLYWOOD FL 33020
US**

Mailing Address
**2057 TAFT ST.
HOLLYWOOD FL 33020
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0864081**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BOGGS, LESTER C
STREET ADDRESS	4190 S.W. 75TH CIRCLE EAST
CITY-ST-ZIP	DAVIE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	HUTCHISON, LORA J
STREET ADDRESS	705 EAST GREEN LANE
CITY-ST-ZIP	WOODSTOCK GA 30189
TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, DEBORAH K
STREET ADDRESS	4151 S.W. 75TH CIRCLE
CITY-ST-ZIP	DAVIE FL 33314
TITLE	D <input type="checkbox"/> Delete
NAME	BOGGS, HAMILTON D
STREET ADDRESS	2301 LEE STREET
CITY-ST-ZIP	HOLLYWOOD FL 33020
TITLE	D <input type="checkbox"/> Delete
NAME	PAYNE, NANCY A
STREET ADDRESS	P.S.C. 41 BOX 45
CITY-ST-ZIP	APO AE 09484
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, KIMBERLY S
STREET ADDRESS	ROUTE 5B BOX 669
CITY-ST-ZIP	HINDERSONVILLE NC 28792

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Jann Hutchison

Date: **4/11/03** Daytime Phone #: **9549233440**

CFR2E034 (10/02)