

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000064877**

1. Entity Name

AA FORDABLE REAL ESTATE, INC.

FILED

NOV 13 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
26 E. 14th Street
Panama City, FL 32401

Mailing Address
← SAME

2. Principal Place of Business
26 E. 14th Street
Suite, Apt. #, etc.

3. Mailing Address
26 E. 14th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Panama City, FL

Zip
32401

Country
BAY

4. FEI Number
59-3592159

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
J.C. Tolson, Jr.
2104 GERALD LANE
LYNN HAVEN, FL 32444

7. Name and Address of New Registered Agent
Name **CRAIG E. COTTON**
Street Address (P.O. Box Number is Not Acceptable)
26 E. 14th Street
City **PANAMA CITY FL** Zip Code **32401**

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.

SIGNATURE **Craig E. Cotton**
Signature, typed or printed name of registered agent and title if applicable.

9 Oct. 2000
Date

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & All other titles <input checked="" type="checkbox"/> Delete J.C. Tolson, Jr. 2104 GERALD LANE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary / Treasurer MIKE MIXON MICHAEL L. MIXON 8406 Panama City Beach Parkway Panama City, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT CRAIG E. COTTON 26 E. 14th Street PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D/C/M CRAIG E. COTTON 26 E. 14th Street PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100003492701-1 -12/11/00--01009--012 *****70.25 *****70.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KSP

13. 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 11 or Block 12 if changed, or on an attachment with address with all other like powers.

SIGNATURE: **x Michael L. Mixon (MICHAEL L. MIXON)** **11/05/2000** **x 850-233-9340**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)