

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S24563

1. Corporation Name

A AND J CRATING AND PACKAGING SERVICE, INC.

Principal Place of Business

3652 N. TAMiami TRAIL
NAPLES FL 33940
US

Mailing Address

3652 N. TAMiami TRAIL
NAPLES FL 33940
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90113 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1991

4. FEI Number

65-0202554

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

9. Name and Address of Current Registered Agent

HOTCHKISS, MICHAEL
6005 HOLLOW DR
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

Hotchkiss Michael

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

3907 Midshore DR

83

Naples

84 City

FL

85 Zip Code

34109

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

VPTD

NAME

HOTCHKISS, JENNIFER

STREET ADDRESS

6005 HOLLOW DRIVE

CITY-ST-ZIP

NAPLES FL

TITLE

P

NAME

HOTCHKISS, MICHAEL

STREET ADDRESS

6005 HOLLOW DRIVE

CITY-ST-ZIP

NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VPTD

1.2 NAME

Hotchkiss Jennifer

1.3 STREET ADDRESS

3907 Midshore DR

1.4 CITY-ST-ZIP

NAPLES, FL 34109

2.1 TITLE

P

2.2 NAME

Hotchkiss Michael

2.3 STREET ADDRESS

3907 Midshore DR

2.4 CITY-ST-ZIP

Naples, FL 34109

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

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☐ Addition

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:

Jennifer Hotchkiss

1/14/99

941 262 1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)