

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S87210** (8)

1. Corporation Name

**AAA AFFORDABLE SERVICES INC.**



Principal Place of Business

**5040 BLANDING BLVD  
JACKSONVILLE FL 32210**

Mailing Address

**5040 BLANDING BLVD  
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified  
**10/14/1991**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

21 **6248 103rd St.**

Suite, Apt. #, etc.

22

City & State  
**Jacksonville, FL**

23

Zip

**32210**

Country

**Duval**

2a. Mailing Address

26 **6248 103rd St.**

Suite, Apt. #, etc.

27

City & State  
**Jacksonville, FL 32210**

28

Zip

**32210**

Country

**Duval**

4. FEI Number

**59-3086065**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**HALEY, WANDA J.  
5040 BLANDING BLVD  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name  
**STEVE J. MEREDITH**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6248 103rd Street**

83

84 City  
**Jacksonville**

FL

85

Zip Code  
**32210**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE **STEVE J. MEREDITH Director/Pres.**

3/11/96

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DPT  
HALEY, WANDA J.  
PO BOX 408 NA  
DOCTOR'S INLET FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DS  
MEREDITH, LORI J.  
3145 JOE JOHNS RD  
MIDDLEBURG FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VPM  
MEREDITH, STEVE  
3145 JOE JOHNS RD  
MIDDLEBURG FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
**SEC-TREAS/DIRECTOR  
WANDA J. HALEY  
P. O. BOX 408  
DOCTORS INLET, FL 32030**

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
**Vice PRES/DIRECTOR  
LORI J. MEREDITH  
3145 Joe Johns Rd.  
Middleburg, FL 32068**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
**Pres/Director  
STEVE J. MEREDITH  
3145 Joe Johns Rd.  
Middleburg, FL 32068**

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
**600001777376  
-04/11/96--01103--042  
\*\*\*200.00**

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

904-772-7500

Date

CR2E034 (12/95)