

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000012098

**Entity Name:** ACPLM, INC.

**Current Principal Place of Business:**

5007 BONITA DR.  
WIMAUMA, FL 33598

**Current Mailing Address:**

P.O. BOX 6412  
SUN CITY CENTER, FL 33571 US

**FEI Number:** 30-0717014

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FERNANDEZ, JAMES E  
3155 WINGLEWOOD CIRCLE  
LUTZ, FL 33558 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name FAIRFAX, THOMAS J  
Address 5007 BONITA DR  
City-State-Zip: WILMAUMA FL 33598

Title VPT  
Name FERNANDEZ, JAMES E  
Address 3155 WINGLEWOOD CIRCLE  
City-State-Zip: LUTZ FL 33558

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS FAIRFAX

**PRESIDENT**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date