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 # 367095 1. Corporation Name

A1A AFRIAL SERVICES INC

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90043 007 ***150.00

AIA ACH	NAL SERVICES, INC.						
Principal Place of Business Mailing Address			Idress				i falting titin antin soon dossa inter nint nint nint nint nint nint nint nin
230 SHELL HARBOR RD PO BOX 1109							
WELAKA FL 32193 WELAKA FL 32193							DO NOT WRITE IN THIS SPACE
US US							3. Date Incorporated or Qualified
,							07/16/1970
2 Principal P	lace of Business	2a, Mailing	Address				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21			, -				59-1087025 Not Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				SR 75 Additional
22		27	27				5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Countr	y		8. This corporation owes the current year Intangible
24	25	29	3	0			Personal Property Tax. Yes No
	9. Name and Address of Curr	rent Registered A	gent				10. Name and Address of New Registered Agent
1/011	(m) 0.7			81	l Name	•	R. T. Kohuth
	UTH, R.T.			82	2 Stree	t Addres	ess (P.O. Box Number is Not Acceptable)
123 ELSIE DR							
E PA	LATAKA FL 32131			83	3	•	712 St. John's Ave
				84	City		85 Zip Code
							Polotka FL 32171
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508	I, Florida Statutes	the above	/e-name	d corpor	oration submits this statement for the purpose of changing its registered in s board of directors. I hereby accept the appointment as registered
office or r	egistered agent, or both, in the Sta im familiar with, and accept the obl	igations of, Section	1 607.0505, Florid	ia Statute	\$ 111 0 001 \$.	poradon	1 11-
SIGNATURE	マーブド	ohuth					1/ 4/99
	Signature, typed or printed name of registered		·	-	ent signatun	e required v	when reinstating) DATE
12.	1	AND DIRECTORS	DELETE	13.		т —	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		- Detere				C - 100 de
NAME	KOHUTH, R.T.			1.2 NAME			
STREET ADDRESS					ET ADDRES	\$	
CITY-ST-ZIP	E PALATKA FL 32131		☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	+	☐ Change ☐ Addition
TITLE			C) DECETE	B			
NAME				2.2 NAME			
STREET ADDRESS					ET ADDRES	١,	
CITY-ST-ZIP			DELETE	2. 4 CITY- 3.1 TITLE			Change ☐ Addition
TITLE			□ pcre≀e	3.1 TILLE 3.2 NAME			,
NAME				1			
STREET ADDRESS				1	ET ADORES	"	
CITY-ST-ZIP			DELETE	3.4. CITY- 4.1 TITLE			☐ Change ☐ Addition
TITLE				4.1 III.CE			
NAME				1	: Et addres	e	
STREET ADDRESS						~	
CITY-ST-ZIP			☐ DELETE	4.4 CITY- 5.1 TITLE		+	☐ Change ☐ Addition
TITLE			C vecese	5.2 NAME			
NAME OTDEET ADDDESS				1	ET ADDRES	s	
STREET ADDRESS	1			5.4 CITY-			
CITY-ST-ZIP			☐ DELETE	6.1 T/TLE		-	Change Addition
				6.2 NAME			
NAME				1	ET ADDRES	s	
STREET ADDRESS	Ì			6.4 CITY-			
CITY-ST-ZIP	i			V. 7 O(1)		1	

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.

CITY-ST-ZIP