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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harrls

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90212 050 ***150.00

DOCUMENT	#	67	g	7	g	Я
Corporation Name		J.	_	•	J	J

A-1 SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

11401 SE HWY 464C

11401 SE HWY 464C

OKLAWAHA FL 32179

OKLAWAHA FL 32179 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 07/25/1980 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2022853 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip Country Mar. 29 30 24 9. Name and Address of Current Registered Agent

BLINKHORN, ERVING J. JR 11401 S.E. HWY 464C OKLAWAHA FL 32179

	Personal Property Tax.	LI 163 LEINO
Τ_	10. Name and Address of I	New Registered Agent
81	Name	
82	Street Address (P.O. Box Number is Not Ad	cceptable)
83		
84	City	FL 85 Zip Code
	L	

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						DATE	
	Signature, typed or printed name of registered agent a		egistered Agent signature requ				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO OFFICE		
TITLE	PVT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	BLINKHORN, ERVING J, JR		1.2 NAME				
STREET ADDRESS	11401 S.E HWY 464C		1.3 STREET ADDRESS				
CITY-ST-ZIP	OCKLAWAHA FL		1.4 CITY-ST-ZIP				
TITLE	SDC	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BLINKHORN, ERVING J, JR		2.2 NAME	· \			Ì
STREET ADDRESS	11401 S.E. HWY 464C		2.3 STREET ADDRESS	j	•		
CITY-ST-ZIP	OCKLAWAHA FL		2.4 CITY-ST-ZIP	<u> </u>			
TITLE	М	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	BLINKHORN, ERVING J, JR		3.2 NAME				
STREET ADDRESS	11401 S.E HWY 464C		3.3 STREET ADDRESS				
CITY-ST-ZIP	OKALAWAHA FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME		/		
STREET ADDRESS			4.3 STREET ADDRESS		/		
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		, A	Change	☐ Addition
NAME			5.2 NAME		•		ĺ
STREET ADDRESS			5.3 STREET ADDRESS		•		i
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OF 71D			6.4 CITY-ST-ZIP				

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 rostee 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:

DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR