FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 AM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **442965** **(0)**

1. Corporation Name
AM.J.T., INC.

000001471630
-05/02/95--01146--002
**********200.00 **********200.00

Principal Place of Business	Mailing Address
415 AMELIA CIRCLE TALLAHASSEE FL 32304	415 AMELIA CIRCLE TALLAHASSEE FL 32304

3. Date Incorporated or Qualified: **12/28/1973**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business	2a. Mailing Address
21 402 Amelia Circle	26 402 Amelia Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #
City & State 23 Tallahassee FL	City & State 28 Tallahassee, FL
Zip 24 32304	Zip 29 32304
County 25 Leon	County 30 Leon

4. FEI Number: **59-1508446** ☐ 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	10. Name and Address of New Registered Agent
WOLFE, LARRY S. 200-A JOHN KNOX RD. TALLAHASSEE FL 32303	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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, Type or Printed Name of Registered Agent and Title, if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FORTSON JR, T C	12 NAME	
STREET ADDRESS	415 AMALIA CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☑ Change ☐ Addition
NAME	FORTSON, JOSEPH	22 NAME	Delete
STREET ADDRESS	415 AMALIA CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☑ Change ☐ Addition
NAME	HARTSFIELD, ANNE MARIE	32 NAME	Delete
STREET ADDRESS	2961 N SETTLERS BLVD	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CR

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)(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.

SIGNATURE: T.C. Fortson DP 4-28-95 904 574 1051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026444 CP