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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 684433 (6)
1. Corporation Name
AMERICAN MUNICIPAL SECURITIES, INC.



Principal Place of Business
**100 2ND AVE SOUTH
STE 802
ST PETERSBURG FL 33701
US**

Mailing Address
**P O BOX 11749
ST PETERSBURG FL 33733-1749
US**

3. Date Incorporated or Qualified **08/18/1980** 3a. Date of Last Report **04/26/1996**

4. FEI Number **59-2023127** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip 25. Country 30. Country

9. Name and Address of Current Registered Agent
**PETAGNA, JOHN COOPER, JR.
615-16TH AVENUE, N.E.
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE

NAME **PETAGNA, JOHN COOPER JR**

STREET ADDRESS **615 16TH AVE**

CITY-ST-ZIP **ST PETE, FL 00000**

TITLE **SVP** DELETE

NAME **DONOHUE, MARK K.**

STREET ADDRESS **13329 GOLFCREST CIRCLE**

CITY-ST-ZIP **TAMPA FL**

TITLE **ST** DELETE

NAME **STEUART, JEANNE W**

STREET ADDRESS **500 SIDEVIEW CT**

CITY-ST-ZIP **BRANDON FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **2819 W. TERRACE DRIVE**

2.4 CITY-ST-ZIP **TAMPA FL 33609**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *John C. Petagna* **REQUIRED** 2-26-97 (813) 825-0522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)