

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F03994** (3)

1. Corporation Name  
**AAMAC CORPORATION**



Principal Place of Business: **% DAVID L MCKIBBEN 508 NW 8TH AVENUE GAINESVILLE FL 32601**  
Mailing Address: **% DAVID L MCKIBBEN 508 NW 8TH AVENUE GAINESVILLE FL 32601**

2. Principal Place of Business: 21 Sub-Apt. #, 22 City & State, 23 Zip, 24 Country  
2a. Mailing Address: 26 Sub-Apt. #, 27 City & State, 28 Zip, 29 Country

3. Date Incorporated or Qualified: **10/31/1980**  
3a. Date of Last Report: **08/09/1995**  
4. FEI Number: **59-2050404**  
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  
**MCKIBBEN, DAVID L 508 NW 8TH AVENUE GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1303, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	DP	<input type="checkbox"/> DELETE
2. NAME	MCKIBBEN, DAVID L	
3. STREET ADDRESS	508 NW 8TH AVE	
4. CITY, STATE, ZIP	GAINESVILLE FL	
5. TITLE	D	<input type="checkbox"/> DELETE
6. NAME	MCKIBBEN, JEANETTE I	
7. STREET ADDRESS	508 NW 8TH AVE	
8. CITY, STATE, ZIP	GAINESVILLE FL	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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 or person 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: *David L Mckibben*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

CR2E034 (12/95)