2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # F03994** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name AAMAC CORPORATION 04-13-2000 90117 031 ***150.00 Principal Place of Business Mailing Address % DAVID L MCKIBBEN % DAVID L MCKIBBEN 508 NW 8TH AVENUE 508 NW 8TH AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601-4289 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2050404 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCKIBBEN, DAVID L Street Address (P.O. Box Number is Not Acceptable) **508 NW 8TH AVENUE** GAINESVILLE FL 32601 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing \$5.00 May Be 9. This corporation is eligible to satisfy its intangible ** FILE NOW!!! FEE IS \$150.00 ** After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees "(See criteria on back) 1 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCKIBBEN, DAVID L NAME NAME STREET ADDRESS STREET ADDRESS 508 NW 8TH AVE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Addition Change ☐ Delete TITLE NAME MCKIBBEN, JEANETTE I NAME STREET ADDRESS 508 NW 8TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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