FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000551 (2)

1. Corporation Name

AMVETS NATIONAL FOUNDERS - POST 1, INC.

Principal Place of Business	Mailing Address
421 45TH AVE. SO. ST PETERSBURG FL 33705	421 45TH AVE. SO. ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2899307 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DUFFY DONALD T.
2641 MIRANDA WAY SOUTH
ST PETERSBURG FL 33712-3935

10. Name and Address of New Registered Agent

81 Name: PATRICK J. MONICA
82 Street Address (P.O. Box Number is Not Acceptable): 175 POMPANO DR. S.E.
83
84 City: ST. PETERSBURG FL 85 Zip Code: 33705

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: PATRICK J. MONICA Patrick J. Monica 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	DT	☒ Change ☐ Addition
NAME	DUFFY T. DONALD	1.2 NAME	PATRICK J. MONICA	
STREET ADDRESS	2641 MIRANA WAY SO.	1.3 STREET ADDRESS	175 POMPANO DR. S.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712-3935	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRENDLE RUSSELL	2.2 NAME	ANTONE W VIEIRA	
STREET ADDRESS	6798 22ND WAY SOUTH	2.3 STREET ADDRESS	6654 28TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BESSANT WWILLIAM T.	3.2 NAME	ALSON C. RANDALL	
STREET ADDRESS	549 DOLPHIN AVE. SE	3.3 STREET ADDRESS	6700 PINELLAS POINT DR. S	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	TD	4.1 TITLE		☒ Change ☐ Addition
NAME	BRENDLE DALE L.	4.2 NAME	N/A	
STREET ADDRESS	5793 M6TH STREET SOUTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☒ Change ☐ Addition
NAME	DARNEY SHIRLEY A.	5.2 NAME	N/A	
STREET ADDRESS	% 549 DOLPHIN AVE. SE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PATRICK J. MONICA Patrick J. Monica 4/10/95 (813) 896-4122
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0084484