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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000551

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 02/03/1993

4. FEI Number: 59-2899307 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WISNER, CHARLES S.
549 DOLPHIN AVENUE SE
ST PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Ronald L. Hennis
82 Street Address (P.O. Box Number is Not Acceptable): 4135 Sunrise Drive So.
83
84 City: St Petersburg **FL** 85 Zip Code: 33705

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ron Hennis — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/17/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	DC	☒	1.1 TITLE	DC	☒ ☐
NAME	WISNER, CHARLES L.		1.2 NAME	Ronald L. Hennis	
STREET ADDRESS	549 DOLPHIN AVENUE SE		1.3 STREET ADDRESS	4135 Sunrise Dr. S	
CITY-ST-ZIP	ST. PETERSBURG FL 33705		1.4 CITY-ST-ZIP	St Petersburg, Fl. 33705	
TITLE	T	☒	2.1 TITLE	T	☒ ☐
NAME	REARDON, WALTHEW		2.2 NAME	Charles L. Wisner	
STREET ADDRESS	817 58TH AVENUE S.		2.3 STREET ADDRESS	549 Dolphin Ave. SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707		2.4 CITY-ST-ZIP	St Petersburg, Fl. 33705-4141	
TITLE	TD	☐	3.1 TITLE		☐ ☐
NAME	CUMMINGS, GERALD		3.2 NAME		
STREET ADDRESS	225 POMPANO DRIVE SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		3.4 CITY-ST-ZIP		
TITLE		☐	4.1 TITLE	T	☐ ☒
NAME			4.2 NAME	Antone W. Vieira	
STREET ADDRESS			4.3 STREET ADDRESS	6664 28th St. S.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	St Petersburg, Fl. 33712	
TITLE		☐	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Ronald L. Hennis — **RE REQUIRED** — March 17, 1999 — 727-896-4196

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

CR2E037 (11/98)