

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 05-31-2000 90066 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 2000



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

**DOCUMENT # P28339**  
 1. Corporation Name  
**AMERACE CORPORATION**

Principal Place of Business: **AMERACE CORP, 16228 FLIGHT PATH DR, BROOKSVILLE, FL 34809, US**

Mailing Address: **AMERACE CORP, 8155 THOMAS & BETTS BLVD, MEMPHIS TN 38125, US**

DO NOT WRITE IN THIS SPACE

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 Qualified: **03/02/1990**

4. FEI Number: **13-3240682**

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax:  Yes  No

8. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 S. PINE ISLAND RD., PLANTATION FL 33324**

9. 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 607.3502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WAY, JANICE H	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MOORE, CLYDE	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	LANGSTON, GREGORY	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELLIS, CHARLES	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ELLIS	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRONENBERG, JERRY	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add:
1.2 NAME	Penelope Turnbow	
1.3 STREET ADDRESS	8155 T&B Blvd.	
1.4 CITY-ST-ZIP	Memphis, TN 38125	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add:
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add:
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add:
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add:
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add:
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my office or director of the corporation or its receiver or trustee empowered to execute this report is 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, with all other like employ

SIGNATURE: *Janice Way* VP-Tax 5/1/00

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