

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 AUG -9 PM 2: 35

**DOCUMENT # P94000068805 (8)**

1. Corporation Name

**ACMG OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

2345 PARK STREET  
 JACKSONVILLE FL 32204

2345 PARK STREET  
 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

09/15/1994

4. FEI Number

Applied For

59-3284893

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. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 4250 Lakeside Dr.

2a 4250 Lakeside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 210

27 Suite 210

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32210

25 USA

29 32210

30 USA

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

81 Name

Lance Marshall

82 Street Address (P.O. Box Number is Not Acceptable)

4250 Lakeside Dr.

83

Suite 210

84 City

Jacksonville, FL

85 Zip Code

32210

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

*Lance O. Marshall*

Lance O. Marshall

8/3/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
 NAME MCVAY, PAUL W  
 STREET ADDRESS 2750 TECHNICAL DRIVE  
 CITY - ST - ZIP MIAMISBURG OH 45342

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

Change  Addition

TITLE D  
 NAME DUNCAN, CHARLES  
 STREET ADDRESS 2750 TECHNICAL DRIVE  
 CITY - ST - ZIP MIAMISBURG OH 45342

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

Change  Addition

TITLE D  
 NAME MARSHALL, LANCE  
 STREET ADDRESS 2750 TECHNICAL DRIVE  
 CITY - ST - ZIP MIAMISBURG OH 45342

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

D  
 Marshall, Lance  
 4250 Lakeside Dr. Suite 210  
 Jacksonville, FL 32210  
 Change  Addition

TITLE D  
 NAME EADS, PEGGY  
 STREET ADDRESS 2750 TECHNICAL DRIVE  
 CITY - ST - ZIP MIAMISBURG OH 45342

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

Change  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 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Lance O. Marshall* Lance O. Marshall

8/3/95

904-582-4467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE (Daytime Phone)

CR2E034 (3/95)