

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **L81200** (2)

1. Corporation Name

**AMI, INC.**



Principal Place of Business

Mailing Address

**124 BAYBRIDGE PARK**  
~~110 BAY BRIDGE PROFESSIONAL PARK~~  
**GULF BREEZE FL 32561**  
**US**

**124 BAYBRIDGE PARK**  
~~110 BAY BRIDGE PROFESSIONAL PARK~~  
**GULF BREEZE FL 32561**  
**US**

2. Principal Place of Business

2a. Mailing Address

21 **124 Baybridge**

26 **P.O. Box 99**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
23 **Gulf Breeze, FLA**

27  
28 **Gulf Breeze, FLA**

24 **32561**

29 **32562-0099**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**06/15/1990**

3a. Date of Last Report  
**07/07/1995**

4. FEI Number  
**59-3013478**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**LYONS, MARK III**  
**124 BAYBRIDGE PARK**  
**GULF BREEZE FL 32561**

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 607.0502 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

**Mark Lyons III Pres.**

**3-15-96**

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** ☒ DELETE  
NAME ~~**MAGQUEEN, JULIAN D**~~  
STREET ADDRESS ~~**110 BAY BRIDGE PROFESSIONAL PARK**~~  
CITY - ST - ZIP ~~**GULF BREEZE FL**~~

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

TITLE **D** ☐ DELETE  
NAME **LYONS, MARK, III**  
STREET ADDRESS **124 BAYBRIDGE PARK**  
CITY - ST - ZIP **GULF BREEZE FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Pres + Dir**  
2.3 STREET ADDRESS **MARK LYONS III**  
2.4 CITY - ST - ZIP **124 Baybridge**  
**Gulf Breeze, FL 32561**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 if changed, or on an attachment with an address.

SIGNATURE:

**Mark Lyons III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK LYONS III**

**4-7-96**

**904 934-0440**

Date

Daytime Phone

CR2E034 (12/95)