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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90155 032 ***150.00

DOCUMENT # **S52447**

1. Corporation Name
AMBCO & ASSOCIATES, INC.

Principal Place of Business
934 14TH STREET WEST
BRADENTON FL 34205

Mailing Address
934 14TH STREET WEST
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
05/13/1991

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc
22

Suite Apt #, etc
27

City & State
23

City & State
28

Zip 24 Country 25

Zip 29 Country 30

4. FEI Number
59-3063810
☐ 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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORESTER, PAUL
934 14TH STREET WEST
BRADENTON FL 34205

10. 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 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 _____
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	PSTD ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	FORRESTER, PAUL	1 2 NAME	
STREET ADDRESS	934 14TH ST WEST	1 3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1 4 CITY-ST-ZIP	
TITLE	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 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 empowered.

SIGNATURE: Paul Forrester - Paul S. Forrester 3-15-99 941-795-1352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)