

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069458

Entity Name: AMT INSURANCE INC.

Current Principal Place of Business:

1000 N MAGNOLIA AVE,
A
ORLANDO, FL 32803

Current Mailing Address:

1000 N MAGNOLIA AVE,
A
ORLANDO, FL 32803

FEI Number: 41-2280878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, MAURICE W
322 E CENTRAL BLVD
1615
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CAMPBELL, MAURICE
Address 322 E CENTRAL BLVD #1615
City-State-Zip: ORLANDO FL 32801

Title D
Name CAMPBELL, THELMA
Address 112 KRUGER ST
City-State-Zip: ORLANDO FL 32806

Title VP
Name TFG IRON LION
Address 1000 N MAGNOLIA STE A
City-State-Zip: ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF FAINE

MBR

04/23/2014

Electronic Signature of Signing Officer/Director Detail

Date