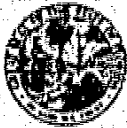


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 13 PM 12: 07

DOCUMENT # 177816 (6) 1. Corporation Name AMBROSE-ELLIS INC

Principal Place of Business GEO J ELLIS 5303 ORTEGA BLVD. UNIT 207 JACKSONVILLE FL 32210	Mailing Address GEO J ELLIS 5303 ORTEGA BLVD. UNIT 207 JACKSONVILLE FL 32210
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/18/1954	3a. Date of Last Report 04/05/1994
4. FEI Number 59-0940291	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	

9. Name and Address of Current Registered Agent ELLIS, GEORGE J 5303 ORTEGA BLVD, 207 JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BIVINS, H JACK, JR	1.2 NAME	
STREET ADDRESS	2031 HENDRICKS AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, GEORGE J	2.2 NAME	
STREET ADDRESS	5303 ORTEGA BLVD, 207	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	AMBROSE, KARL J MRS	3.2 NAME	
STREET ADDRESS	8009 BAY COVE LN	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 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 if changed, or on an attachment with an address.

SIGNATURE: GEO J ELLIS (GEO. J. ELLIS) 3-9-95 (9am) 389-3863
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #