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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 363154 (6)

1. Corporation Name

AMERICAN MICRO TECH, INC.

Principal Place of Business

8997 131ST PLACE NORTH
LARGO FL 34643

Mailing Address

8997 131ST PLACE NORTH
LARGO FL 34643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21		26		04/24/1970	03/22/1994
22 State Apt #, etc.		27 State Apt #, etc.		4. FEI Number	Applied For
22		27		59-1301187	Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	\$5.00 May Be Added to Fees
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	
24		29		☐	
25 Country		30 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
25		30		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

ROSENBERY, EDGAR J.
8997 131ST PLACE NORTH
LARGO FL 34643

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

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P, S, T, D
NAME	ROSENBERY, EDGAR J.	1.2 NAME	ROSENBERY, EDGAR J.
STREET ADDRESS	8997 131ST PLACE N	1.3 STREET ADDRESS	
CITY, ST, ZIP	LARGO FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	
NAME	ROSENBERY, ROBERT L	2.2 NAME	
STREET ADDRESS	720 WALNUT BOTTOM RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	SHIPPENSBURG PA	2.4 CITY, ST, ZIP	
TITLE	VST	3.1 TITLE	
NAME	GRIFFLE, WILLIAM N.	3.2 NAME	
STREET ADDRESS	18601 87TH PLACE N	3.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	
NAME	CARTER, SCOTT	4.2 NAME	
STREET ADDRESS	6627 110TH ST N	4.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 1.19 (2)(b) Florida Statutes. I further certify that the information submitted 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 its 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 of this report, or on an addendum with an address.

SIGNATURE: 
SIGNATURE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-95
Date

183-581-3848
Telephone Number