FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:07

DOCUMENT # 413442 (5)

1. Corporation Name
AFM, INC.

Principal Place of Business	Mailing Address
1400 W. OAK STREET, SUITE H KISSIMMEE FL 34741	1400 W. OAK STREET, SUITE H KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1972	3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-1431625	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 902 S. Parsons Av	26 902 S. Parsons Av
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Seffner FL	City & State 28 Seffner FL
Zip 24 33584 Country 25 USA	Zip 29 33584 Country 30 USA

9. Name and Address of Current Registered Agent

ACKERLY, JUNE B
1400 W. OAK STREET, SUITE H
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 902 S Parsons Av
83
84 City Seffner FL 85 Zip Code 33584

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 _____ DATE
(Signature, typed or printed name of registered agent and the date of change) (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☒ Change ☐ Addition
NAME	ACKERLY, JUNE B	12 NAME	
STREET ADDRESS	2001 CASCADES BLVD #205	13 STREET ADDRESS	902 S. Parsons Av
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Seffner Fl 33584
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	ACKERLY, RALPH S	22 NAME	
STREET ADDRESS	2001 CASCADES BLVD #205	23 STREET ADDRESS	902 S. Parsons Av
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	Seffner Fl 33584
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: June B. Ackerly June B. Ackerly 1/31/95 (813) 662-0704
(Required) (Attached and typed or printed name of officer or director) (Date) (Daytime Phone #)

0374613 CR