# 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

APPROVED AND FILED

95 APR 20 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **436441** **(0)**

1. Corporation Name

**AMERICAN INVESTMENT SERVICES, INC., OF FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| 900 SILVER LAKE DR<br>SANFORD FL 32773 | 900 SILVER LAKE DR<br>SANFORD FL 32773 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/19/1973**

3a. Date of Last Report: **04/21/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 467 Denton Court | 26 467 Denton Court |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Heathrow, Florida | City & State<br>28 Heathrow, Florida |
| Zip / Country<br>24 32746 / 25 USA | Zip / Country<br>29 32746 / 30 USA |

4. FEI Number: **59-1538037** ☐ 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**

ADAMSON, WILLIAM E
900 SILVER LAKE DR
SANFORD, FLORIDA
32773

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 467 Denton Court

83

84 City: Heathrow, FL 85 Zip Code: 32746

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | ADAMSON, WILLIAM E | 12 NAME | |
| STREET ADDRESS | 900 SILVER LAKE DR | 13 STREET ADDRESS | 467 Denton Court |
| CITY-ST-ZIP | SANFORD, FL 00000 | 14 CITY-ST-ZIP | Heathrow, Florida 32746 |
| TITLE | S | 21 TITLE | ☒ Change ☐ Addition |
| NAME | ADAMSON, DONNA M. | 22 NAME | |
| STREET ADDRESS | 900 SILVER LAKE DR. | 23 STREET ADDRESS | 467 Denton Court |
| CITY-ST-ZIP | SANFORD FL | 24 CITY-ST-ZIP | Heathrow, Florida 32746 |
| 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 the 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:** W. E. Adamson — 4-15-95 — (407) 333-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000187 CP