FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 517317

(4)

AMERICA	AN RESOURCES, INC.						
Principal Place of Business 220 E. MAIN ST. BARTOW FL 33831 US		Mailing Address P O BOX 250 8ARTOW FL 33831-0250 US					
					3. Date Incorporated or Qualified 10/27/1976	3a. Date of La 04/22/199	
2. Principal F	Tace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26			59-1697609	Not Applicable	
Suite Apt. # etc.		Suite, Apt. #, etc.	Suile, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Regulred
City & Start	0	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation has liability for		ler s. 199.032,
24	25 9. Name and Address of Curr		30	······································	Florida Statutes 10. Name and Address of New Re	Yes No	
WILS	SON, DONALD JR.		81	Name			
190 EAST DAVIDSON				Street Add	ress (P.O. Box Number is Not Acceptal	ole)	
BARTOW FL 33830			82]			
			83	1			1
			84	City		FL 85	Zip Code
office or agent. Fa SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obt Signatur, byed or persectament registered to	te of Florida. Such change was a igations of, Section 607.0505, Flo	uthorized by rida Statute	y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acce	pt the appointmen	it as registered
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
TITLE	DPC	DELETE 1.11				Cha	inge 🔲 Addition
NAME	AA C MAIN AT		1.2 NAME				ļ
STREET ADDRESS	APTOW FL ANALO			ADDRESS			
City - ST - ZIF TITLE			2.1 TITLE	51-215		Cha	nge Addition
NAME	HINTON, BRIAN D.		22 NAME			•	
STREET ACCORESS	220 E. MAIN STREET		2.3 STREET	r address			i
CHY-ST-ZIP	BARTOW FL		2. 4 CITY - ST - ZIP				
TITLE	-		3.1 TITLE			Cha	inge 🔲 Addition
NAME STREET ADDRESS			3.2 NAME	T ADDRESS			
CHY-S1-ZiP			3.4. CITY-	1			
TITLE		DELETE	4.1 TITLE			Cha	nge Addition
NAME			4 2 NAME				
STREET ADDRESS		•	4 3 STAEE	r address			
CITY-ST-ZIF		T Drutt	4.4 CITY-5	ST-ZIP		[] (5.	Addition
TITLE		DELETE	5.1 TITLE			Cha	inge Addition
NAMÉ STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS			'
CITY - S1 - ZIP			5.4 City-1	·			ļ
TIT.F		☐ DELETE	6.1 TITLE		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	☐ Cha	inge Addition
NAME			62 NAME				
STREET ADDRESS			6.3 STREET	T ADDRESS			
C(1) Y - \$1 - Z(P			6.4 CITY-	ST-ZIP			

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on Pis 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 original properties or true original properties or tru

SIGNATURE:

<u>4-2597</u>

9411533-4196

FILED

Apr 30 1997 8:00am

Secretary of State

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