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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 JAN 19 AM 9:07

DOCUMENT # **846491** **(9)**

1. Corporation Name
AMICORP, INC.

Principal Place of Business	Mailing Address
% JOSEPH A. GITLIN 836 FARMINGTON AVENUE WEST HARTFORD CT 06119	% JOSEPH A. GITLIN 836 FARMINGTON AVENUE WEST HARTFORD CT 06119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/15/1980
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) / Suite, Apt. #, etc (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 06-0642562 — 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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TITCOMB, ELLWOOD A.
711 LEMON AVE.
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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. If agent is a corporation, the name and title of the officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	TITCOMB, ELLWOOD A.	12 NAME	
STREET ADDRESS	711 LEMON AVE.	13 STREET ADDRESS	
CITY ST ZIP	LAKE HELEN FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	TITCOMB, KENT S.	22 NAME	
STREET ADDRESS	400 NUT TREE DR.	23 STREET ADDRESS	
CITY ST ZIP	DELAND FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	TITCOMB, DANIEL	32 NAME	
STREET ADDRESS	2039 LEMON AVENUE	33 STREET ADDRESS	
CITY ST ZIP	ESCONDIDO CA	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	TITCOMB, SANDRA B.(ASST)	42 NAME	
STREET ADDRESS	711 LEMON AVE.	43 STREET ADDRESS	
CITY ST ZIP	LAKE HELEN FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	GITLIN,JOSEPH A.(ASST)	52 NAME	
STREET ADDRESS	50 OLD MEADOW RD.	53 STREET ADDRESS	
CITY ST ZIP	WEST HARTFORD CT	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: Joseph A. Gitlin JOSEPH A. GITLIN 1-10-95 203-236-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

030401 FP