2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846491

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
AMICORP, INC.

Principal Place of Business
836 Farmington Ave.
West Hartford, CT 06119

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 NUT TREE DR	400 NUT TREE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND, FL	City & State: DELAND, FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number: 06-0642562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Titcomb, Ellwood A.
711 Lemon Ave.
Lake Helen, FL 32744

7. Name and Address of New Registered Agent

Name: WILLIAM R. BABBITT

Street Address (P.O. Box Number is Not Acceptable)

1615 RIDGEWOOD ST

City: DELAND FL Zip Code: 32720

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: William R. Babbitt 4/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ELLWOOD A. TITCOMB ☑ Delete 711 LEMON AVE LAKE HELEN, FL 32744	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200003213852--9 -04/13/00--01010--009 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KENT S. TITCOMB ☐ Delete 400 NUT TREE DR DELAND, FL 32724	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANIEL V. TITCOMB ☐ Delete 2039 LEMON AVE ESCONDIDO, CA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition TREASURER / SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANDRA B. TITCOMB ☑ Delete 711 LEMON AVE LAKE HELEN, FL	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEPH A. GITLIN ☑ Delete 50 OLD MEADOW RD WEST HARTFORD, CT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

13. I hereby certify 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 this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent Titcomb 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #