3-3-95 B-1794-C

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 MAR -3 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F49522 (8)

1. Corporation Name
AMVETS POST #4, INC.

Principal Place of Business
1014 SKIPPER ROAD
TAMPA FL 33613

Mailing Address
1014 SKIPPER ROAD
TAMPA FL 33613

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 51-0251686 — 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
MATKO SR, JAMES P
16520 SILVERHILL DR
TAMPA FL 33624

10. Name and Address of New Registered Agent
81 Name: FERNE A. BRAND
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6213 TRAVIS BLVD
84 City: TAMPA FL 85 Zip Code: 33610

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: Ferne A. Brand — FERNE A. BRAND (NOTE: Registered Agent signature required when name is stating) — DATE: 2-24-95

12. OFFICERS AND DIRECTORS

TITLE	COM
NAME	KUHN, RICHARD
STREET ADDRESS	6406 HIGHLANDDAVE
CITY-ST-ZIP	TAMPA FL
TITLE	FO
NAME	MATKO, JAMES
STREET ADDRESS	16520 SILVERHILL DR
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	KURT, KAMM
STREET ADDRESS	3106 ACACIA DR
CITY-ST-ZIP	LUTZ FL
TITLE	T
NAME	ENGLEHARDT, THOMAS
STREET ADDRESS	18810 WALKER RD
CITY-ST-ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COMMANDER	☒ Change ☐ Addition
1.2 NAME	FRANK Thompson	
1.3 STREET ADDRESS	912 MONTANA AVE	
1.4 CITY-ST-ZIP	LUTZ, FL 33549	
2.1 TITLE	FINANCE OFFICER	☒ Change ☐ Addition
2.2 NAME	FERNE A. BRAND	
2.3 STREET ADDRESS	6213 TRAVIS BLVD.	
2.4 CITY-ST-ZIP	TAMPA, FL 33610	
3.1 TITLE	VICE COMMANDER	☒ Change ☐ Addition
3.2 NAME	CLYDE VOYLE	
3.3 STREET ADDRESS	1386 FOUR SEASONS BLVD	
3.4 CITY-ST-ZIP	TAMPA, FL 33613	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: FERNE A. BRAND - Ferne A. Brand — 2-10-95 — (813) 974-6614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0903182 CP