

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33613-2333
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1981		3a. Date of Last Report 03/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 51-0251686		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		30 Country			
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRAND, FERTIE A. 6213 TRAVIS BLVD. TAMPA FL 33610				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: *Fertie A. Brand* DATE: **3-7-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEVINS, ARTHUR			1.2 NAME	JERRY ESTEP		
STREET ADDRESS	17119 RICH-JO CIRCLE			1.3 STREET ADDRESS	1014 Skipper Rd		
CITY-ST-ZIP	LUTZ FL			1.4 CITY-ST-ZIP	TAMPA, FL 33613		
TITLE	FO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAND, FERTIE A			2.2 NAME			
STREET ADDRESS	6213 TRAVIS BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	VC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOYCE, CLYDE			3.2 NAME	BETTY BAKER		
STREET ADDRESS	1386 FOUR SEASONS BLVD.			3.3 STREET ADDRESS	1014 Skipper Rd		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	TAMPA, FL 33613		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGLEHARDT, THOMAS			4.2 NAME	TOM ROSS		
STREET ADDRESS	18810 WALKER RD			4.3 STREET ADDRESS	1014 Skipper Rd.		
CITY-ST-ZIP	LUTZ FL			4.4 CITY-ST-ZIP	TAMPA, FL 33613		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *Fertie A. Brand* *Fertie A. Brand* 3/7/97 (813) 974-6614

CR2E034 (9/96)