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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/13/1981

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BRAND, FERTIE A.
6213 TRAVIS BLVD.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name
Kermit E. Williams
82 Street Address (P.O. Box Number is Not Acceptable)
AMVETS POST 4
83
1014 SKIPPER RD.
84 City
TAMPA FL 85 Zip Code
33613

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

Kermit E. Williams
Kermit E. Williams

(NOTE: Registered Agent signature required when re-registering)

4/2/98

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME ~~ESTEP, JERRY~~ ARCHIE KENDRICKS
STREET ADDRESS 1014 SKIPPER RD
CITY-ST-ZIP TAMPA FL

TITLE FO
NAME BRAND, FERTIE A
STREET ADDRESS 6213 TRAVIS BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VC
NAME BAKER, BETTY
STREET ADDRESS 1014 SKIPPER RD
CITY-ST-ZIP TAMPA FL

TITLE T
NAME ROSS, TOM
STREET ADDRESS 1014 SKIPPER RD
CITY-ST-ZIP TAMPA FL

TITLE C
NAME ARCHIE KENDRICKS
STREET ADDRESS 1014 SKIPPER RD.
CITY-ST-ZIP TAMPA, FL 33613-2333

TITLE FO
NAME KERMIT E. WILLIAMS
STREET ADDRESS 1014 SKIPPER RD
CITY-ST-ZIP TAMPA, FL 33613-2333

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C
12 NAME ARCHIE KENDRICKS
13 STREET ADDRESS 1014 SKIPPER RD.
14 CITY-ST-ZIP TAMPA, FL 33613-2333

21 TITLE FO
22 NAME KERMIT E. WILLIAMS
23 STREET ADDRESS 1014 SKIPPER RD.
24 CITY-ST-ZIP TAMPA, FL 33613-2333

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE T
42 NAME DANIEL WOODHAM
43 STREET ADDRESS 1014 SKIPPER RD.
44 CITY-ST-ZIP TAMPA, FL 33613-2333

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 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:

Archie Kendrick
Archie Kendrick

3-22-98

971-1881

CR2E034 (10/97)