

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90097 046 \*\*\*150.00

0400155

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F49522

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

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIAMS, KERMIT E.  
AMVETS POST 7  
1014 SKIPPER RD  
TAMPA FL 33613

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CAMANDSA  
KENDRICKS, ARCHIE  
STREET ADDRESS 1014 SKIPPER RD  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME TRUSTEE  
WOODHAM, DANIEL  
STREET ADDRESS 1014 SKIPPER RD  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

ARCHIE KENDRICKS CAMANDSA

01-22-99

971-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)