

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
IF ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 17 1997 8:00am
Secretary of State

DOCUMENT # F95000006143 (0)

1. Corporation Name
AMERACE SERVICE CORPORATION

Principal Place of Business

162287 FLIGHT PATH DR.
BROOKSVILLE FL 34609

Mailing Address

162287 FLIGHT PATH DR.
BROOKSVILLE FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 08/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 1555 Lynnfield Road

27 Suite, Apt. #, etc.

28 City & State

28 Memphis, TN

29 Zip

38119

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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
PO
LANGSTON, GREGORY M
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
VFD
JONES, FRED R
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
V
KRONENBERG, JERRY
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
S
WAY, JANICE H
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
CEO
MOORE, CLYDE R
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

TITLE ☐ DELETE

NAME
D
DUNNIGAN, KEVIN T
STREET ADDRESS
1555 LYNNFIELD RD.
CITY-ST-ZIP
MEMPHIS TN 38119

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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:

LANGSTON, GREGORY M. & JANICE H. WAY

9/10/97

901-682-7766

24 (4/97)