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FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F97000000741 (5)**

1. Corporation Name
AMT/BEAMAN CORPORATION

Principal Place of Business	Mailing Address
PO BOX 1069 LIBERTY NC 27298	PO BOX 1069 LIBERTY NC 27298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1997

2. Principal Place of Business	2a. Mailing Address
21 6306 OLD 421 Road Suite, Apt. #, etc	26 PO Box 1069 Suite, Apt. #, etc
22 Liberty City & State	27 Liberty City & State
23 NC	28 NC
Zip 24 27298 Country 25 Randolph	Zip 29 27298 Country 30 Randolph

4. FEI Number: 56-2000907 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIGELEVICH, JOSEPH JR.		1.2 NAME	
STREET ADDRESS	6306 OLD HWY 421		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NC 27298		1.4 CITY-ST-ZIP	
TITLE	VTSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACKMON, R. CHARLES JR.		2.2 NAME	
STREET ADDRESS	STATE DOCKS RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	EUFAULA AL 36072-0800		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WOODHAM, PEGGY S		3.2 NAME	
STREET ADDRESS	STATE DOCKS RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	EUFAULA AL 36072-0800		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VIRENE, PETER W		4.2 NAME	
STREET ADDRESS	6306 OLD HWY. 421		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NC 27298		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WATWEEF, BRUCE A		5.2 NAME	
STREET ADDRESS	6306 OLD HWY. 421		5.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NC 27298		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AMMERMAN, ROBERT T		6.2 NAME	
STREET ADDRESS	STATE DOCKS RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	EUFAULA AL 36072-0800		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] 1-30-98 (336) 622-6200