

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

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
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DOCUMENT # F97000000741 (5)

1. Corporation Name
AMT/BEAMAN CORPORATION

Principal Place of Business

PO BOX 1069
LIBERTY NC 27298

Mailing Address

PO BOX 1069
LIBERTY NC 27298



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 6306 Old Hwy 421 Road	26 PO Box 1069
22 Liberty	27 Liberty
23 NC	28 NC
24 27298	29 27298
25 Randolph	30 Randolph

3. Date Incorporated or Qualified	02/10/1997
4. FEI Number	56-2000907
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

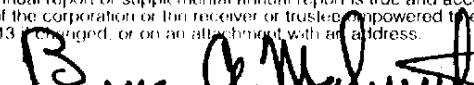
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

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	1.1 TITLE	☐ Change ☐ Addition
NAME	GRIGOLEVICH, 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	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	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	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	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	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	

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 changed, or on an attachment with an address.

SIGNATURE:  1-30-98 (836) 622-6200

CR2E034 (10/97)