

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F99315** (6)
1. Corporation Name
A.M.D. OF JACKSONVILLE CORP.

Principal Place of Business
**937 BULKHEAD RD
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**937 BULKHEAD RD
GREEN COVE SPRINGS FL 32043-8340
US**

FILED
May 02 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**DALY, ALEXANDER M.
937 BULKHEAD RD
GREEN COVE SPRINGS FL 32202**

3. Date Incorporated or Qualified

09/14/1982

3a. Date of Last Report

06/03/1996

4. FEI Number

59-2300480

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DALY, ALEXANDER M.**
CITY-ST-ZIP **937 BULKHEAD RD
GREEN COVE SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY-ST-ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY-ST-ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY-ST-ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY-ST-ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 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

Alexander M. Daly

4-25-97

904-284
1222

CR2E034 (9/96)