FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G21013** **(9)**

1. Corporation Name

AMERICAN INDUSTRIES INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2840 REMINGTON GREEN SUITE D TALLAHASSEE FL 32308 US	HC 1 BOX 3075 STAR RT 1 BOX 3075 TALLAHASSEE FL 32310 US

3. Date Incorporated or Qualified: **01/31/1983**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2261013** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 24160 Lanier St.
Suite, Apt. #, etc.
27
City & State
28 Tallahassee Fl
Zip 29 32310 Country 30 Leon

9. Name and Address of Current Registered Agent

DANN, ROBERT D.
STAR RT 1 BOX 3075
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: Robert D. Dann
82 Street Address (P.O. Box Number is Not Acceptable): 24160 Lanier St.
83
84 City: Tallahassee FL 85 Zip Code: 32310

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: Robert D. Dann
Signature, Typed or printed name of Registered Agent and the date. (If 10. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: DANN, ROBERT D.
STREET ADDRESS: STAR RT 1 BOX 3075
CITY-ST-ZIP: TALLAHASSEE FL
☐ DELETE

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☑ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS: 24160 Lanier St.
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: 300001740993
4.3 STREET ADDRESS: -03/13/96--01030--001
4.4 CITY-ST-ZIP: ***200.00

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

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert D. Dann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/29/96