

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 # **G51280** (7)

1. Corporation Name

**AMDEV CORPORATION**



Principal Place of Business

**933 LEE ROAD, SUITE 215  
ORLANDO FL 32810**

Mailing Address

**933 LEE ROAD, SUITE 215  
ORLANDO FL 32810**

3. Date Incorporated or Qualified  
**07/22/1983**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address:

21 **715 Franklin Lane**

26 **P. O. Box 3789**

4. FEI Number

**59-2308132**

Applied For

Not Applicable

5. Certificate of Status Desired

**XX**

**\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Orlando, FL**

28 **Orlando, FL.**

24 Zip Country

29 Zip Country

**32802-3789**

**32802-3789**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADFORD, CARTER A.  
600 EAST COLONIAL DRIVE  
SUITE 310  
ORLANDO FL 32803**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**130 Hillcrest St.**

83

84 City

**Orlando**

**FL**

85 Zip Code  
**32801**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PSD  
MOORE, DONALD L., JR.**  
STREET ADDRESS **933 LEE ROAD, SUITE 215**  
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **715 Franklin Lane**  
1.4 CITY-ST-ZIP **Orlando, FL 32802-3789**

TITLE ☐ DELETE  
NAME **VAS  
BUCKLES, DAVID C**  
STREET ADDRESS **933 LEE RD, STE 215**  
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **715 Franklin Lane**  
2.4 CITY-ST-ZIP **Orlando, FL 32802-3789**

TITLE ☐ DELETE  
NAME **TAS  
MOORE, DONALD L., SR.**  
STREET ADDRESS **933 LEE ROAD, SUITE 215**  
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **715 Franklin Lane**  
3.4 CITY-ST-ZIP **Orlando, FL 32802-3789**

TITLE ☐ DELETE  
NAME **AS  
MOORE, CONSTANCE L**  
STREET ADDRESS **933 LEE RD, STE 215**  
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **715 Franklin Lane**  
4.4 CITY-ST-ZIP **Orlando, FL 32802-3789**

TITLE ☐ DELETE  
NAME **VP  
WRIGHT, CLINTON L**  
STREET ADDRESS **933 LEE RD, STE 215**  
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **715 Franklin Lane**  
5.4 CITY-ST-ZIP **Orlando, FL 32802-3789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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:

**DONALD L. MOORE, JR.**

**4/22/96**

**(407)648-1090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)