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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
**715 FRANKLIN LANE  
ORLANDO FL 32802-3789  
US**

Mailing Address  
**O. O. BOX 3789  
ORLANDO FL 32802-3789  
US**

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

3a. Date of Last Report  
**04/25/1996**

2. Principal Place of Business  
21 **237 ERNESTINE ST**  
Suite, Apt. #, etc.

2a. Mailing Address  
26  
Suite, Apt. #, etc.

4. FEI Number  
**59-2308132**

Applied For  
☐ Not Applicable

22  
City & State  
23 **ORLANDO FL**

27  
City & State  
28

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

24 **32801** 25 **USA**  
Zip Country

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRADFORD, CARTER A  
130 HILLCREST ST.  
ORLANDO FL 32801**

81 Name  
**DONALD L. MOORE JR**

82 Street Address (P.O. Box Number is Not Acceptable)  
**237 ERNESTINE ST**

83

84 City **ORLANDO** 85 Zip Code **FL 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 DATE  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>PSD MOORE, DONALD L., JR.</b>	<b>715 FRANKLIN LANE ORLANDO FL 32802-3789</b>		<input type="checkbox"/>
	<b>VAS BUCKLES, DAVID C</b>	<b>715 FRANKLIN LANE ORLANDO FL 32802-3789</b>		<input checked="" type="checkbox"/>
	<b>TAS MOORE, DONALD L., SR.</b>	<b>715 FRANKLIN LANE ORLANDO FL 32802-3789</b>		<input type="checkbox"/>
	<b>AS MOORE, CONSTANCE L</b>	<b>715 FRANKLIN LANE ORLANDO FL 32802-3789</b>		<input checked="" type="checkbox"/>
	<b>VP WRIGHT, CLINTON L</b>	<b>715 FRANKLIN LANE ORLANDO FL 32802-3789</b>		<input checked="" type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		<b>237 ERNESTINE ST</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

4/23/97 407-648-1090  
Date Daytime Phone #

CR2E034 (9/96)