

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 # **G59121** (5)

1. Corporation Name

A.M. CONSTRUCTION CO.



Principal Place of Business

Mailing Address

**839 N. 11TH ST.
MILWAUKEE WI 53233**

**839 N. 11TH ST.
MILWAUKEE WI 53233**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1983

3a. Date of Last Report

01/26/1995

4. FEI Number

39-1499465

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

**SLEETER, GERALD F.
3400 BURNS ROAD
SUITE 104
PALM BEACH GARDENS FL 33410**

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

(Type name of person or professional of registered agent and the date available)

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

**PD
CHUDNOW, A.M.
839 N. 11TH ST.
MILWAUKEE WI**

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

David J. Schneckenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David J. Schneckenberg

3/7/96 (414) 272-1585

Date

Daytime Phone

CR2E034 (12/95)