

**ANNUAL REPORT  
1995**



Division of Corporations  
Secretary of State

**FILED**

**95 APR 27 AM 10: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H18270 (9)**  
 7. Corporation Name  
**THE AMERICA MATCH CO.**  
*Paid \$200.00  
 4/20/95 CC # 14907*

Principal Place of Business: **118 W. LUTZ LAKE FERN ROAD TAMPA FL 33549**  
 Mailing Address: **118 W. LUTZ LAKE FERN ROAD TAMPA FL 33549**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/27/1984**  
 3a. Date of Last Report: **04/06/1994**  
 4. FEI Number: **59-2443078**  
 Applied For:  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, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip: Country:

9. Name and Address of Current Registered Agent  
**GAUDENS, FRANK A.  
 118 W. LUTZ LAKE FERN ROAD  
 LUTZ FL 33549**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VSD</b>
NAME	<b>GAUDENS, FRANK A.</b>
STREET ADDRESS	<b>118 W LUTZ LK FERN ROAD</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>GAUDENS, SERAFIN A.</b>
STREET ADDRESS	<b>118 W LUTZ LK FERN ROAD</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	<b>TD</b>
NAME	<b>GAUDENS, GLADYS</b>
STREET ADDRESS	<b>118 W LUTZ LK FERN ROAD</b>
CITY- ST- ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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: *Serafin A. Gaudens* **SERAFIN A. GAUDENS** *4/20/95* **813-942-1260**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name #)