

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H25210** (6)

1. Corporation Name

AMHERST INVESTMENT COMPANY

Principal Place of Business

76 SOUTH LAURA STREET
JACKSONVILLE FL 32202

Mailing Address

76 SOUTH LAURA STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1984

3a. Date of Last Report
04/11/1994

4. FEI Number
59-2464572

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 **1776 American Heritage Life**

Suite, Apt. #, etc.

22 **Drive**

City & State

23 **Jacksonville, Florida**

Zip

Country

24 **32224-6688**

25 **USA**

2a. Mailing Address

26 **1776 American Heritage Life**

Suite, Apt. #, etc.

27 **Drive**

City & State

28 **Jacksonville, Florida**

Zip

Country

29 **32224-6688**

30 **USA**

9. Name and Address of Current Registered Agent

**VERLANDER, CHRISTOPHER A.
76 SOUTH LAURA STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1776 American Heritage Life Drive

83

84 City

Jacksonville

85 Zip Code

FL

32224-6688

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 fee if applicable)

(NOTE) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VERLANDER, W. ASHLEY
STREET ADDRESS	76 SOUTH LAURA STREET
CITY ST ZIP	JACKSONVILLE FL
TITLE	PSD
NAME	VERLANDER, CHRISTOPHER A
STREET ADDRESS	76 SOUTH LAURA STREET
CITY ST ZIP	JACKSONVILLE FL
TITLE	CD
NAME	DOUGLAS, T. O'NEAL
STREET ADDRESS	76 SOUTH LAURA STREET
CITY ST ZIP	JACKSONVILLE FL
TITLE	VTD
NAME	MOREHEAD, C. RICHARD
STREET ADDRESS	76 SOUTH LAURA STREET
CITY ST ZIP	JACKSONVILLE FL
TITLE	VS
NAME	FURTICK, RUSSELL H.
STREET ADDRESS	76 SOUTH LAURA STREET
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	delete
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1776 American Heritage Life Drive
24 CITY - ST - ZIP	Jacksonville, Florida 32224-6688
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	1776 American Heritage Life Drive
34 CITY - ST - ZIP	Jacksonville, Florida 32224-6688
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	1776 American Heritage Life Drive
44 CITY - ST - ZIP	Jacksonville, Florida 32224-6688
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1776 American Heritage Life Drive
54 CITY - ST - ZIP	Jacksonville, Florida 32224-6688
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Heekin, W. Michael
63 STREET ADDRESS	1776 American Heritage Life Drive
64 CITY - ST - ZIP	Jacksonville Florida 32224-6688

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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christopher A. Verlander* **CHRISTOPHER A. VERLANDER** 4/25/95 (904) 992-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)