

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H46476** (8)

1. Corporation Name

AMJ CONSTRUCTION INC.



Principal Place of Business

% MICHAEL E. WARREN
1202 NW 9TH AVENUE
GAINESVILLE FL 32601

Mailing Address

% MICHAEL E. WARREN
1202 NW 9TH AVENUE
GAINESVILLE FL 32601

2. Principal Place of Business

21 502 NW 16th Avenue

Suite, Apt. #, etc.

22

City & State

23 Gainesville, FL

Zip

24 32601

Country

25 USA

2a. Mailing Address

26 502 NW 16th Avenue

Suite, Apt. #, etc.

27

City & State

28 Gainesville, FL

Zip

29 32601

Country

30 USA

9. Name and Address of Current Registered Agent

WARREN, MICHAEL E.
1202 NW 9TH AVENUE
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

05/01/1995

4. FET Number

59-2519533

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

81

Name

Michael E. Warren

82

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

502 NW 16th Avenue

83

84

City

Gainesville,

FL

85

Zip Code

32601

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation's registered agent

Michael E. Warren

4/24/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WARREN, MICHAEL E.
STREET ADDRESS 1202 N.W. 9TH AVE.
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE V
NAME WEINSTEIN, ROBERT I.
STREET ADDRESS 5510 NW 33RD ST.
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE T
NAME WARREN, MICHAEL E.
STREET ADDRESS 1202 NW 9 AVENUE
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE S
NAME RAPPORT, J. D
STREET ADDRESS 4141 N.W. 34TH DRIVE
CITY-ST-ZIP GAINESVILLE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Michael E. Warren
1.3 STREET ADDRESS 502 NW 16th Avenue
1.4 CITY-ST-ZIP Gainesville, FL 32601
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE T
3.2 NAME Michael E. Warren
3.3 STREET ADDRESS 502 NW 16th Avenue
3.4 CITY-ST-ZIP Gainesville, FL 32601
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

352-371-4600

Daytime Phone #

CR2E034 (12/95)