May 07, 1999 8:00 am Secretary of State

05-07-1999 90138 002 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J19439 1. Corporation Name

A M W MANAGEMENT, INC.

Principal Place of Business Mailing Address		13 M   M   16 M   16 M   16 M
	*)E)( 9:5() 0:0() 0:4	14 <b>0</b> 1047 0101 1007
1031 JENKS AVE.       1031 JENKS AVE.         P.O. BOX 1357       P.O. BOX 1357         PANAMA CITY FL 32402       DO NOT WRITE IN TOWNS AVE.	THIS SPACE	
3. Date Incorporated or Qualifed 06/10/1986		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number		Applied For
21 NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certifcate of Status Desired	•	Additional Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip Country Zip Country 8. This corporation owes the current year	ar Intangible	_
24 25 29 30 Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ered Agent	
81 Name		
BODIFORD, LARRY A.  101 EAST 23RD STREET  82 Street Address (P.O. Box Number is Not Acceptable)		
AMERICAN NATIONAL BANK BLDG PANAMA CITY FL 32405		- 11
94 City	FL 85 Zi	p Code
		its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	appointment as	registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the all 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DAT	appointment as	registered
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14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850-169-234/