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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K11508

(4)

1. Corporation Name

A & M CONSULTING, INC.



Principal Place of Business

Mailing Address

~~210 HOWARD L. KUKER~~
~~6834 HAYTER DRIVE~~
~~LAKELAND FL 33813~~

~~210 HOWARD L. KUKER~~
~~6834 HAYTER DRIVE~~
~~LAKELAND FL 33813~~

3. Date Incorporated or Qualified
01/08/1988

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

21 6834 Hayter Drive

2a. Mailing Address

26 6834 Hayter Drive

4. FEI Number

65-0021466

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Lakeland, FL

City & State

28 Lakeland, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33813

Country

25 USA

Zip

29 33813

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KUKER, HOWARD L.
9200 S. DADELAND BLVD
SUITE 508
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

MILDRED B. JARVIS

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

6834 Hayter Drive

83

84 City

Lakeland

FL

85 Zip Code
33813

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

Mildred B. Jarvis

(NOTE: Registered Agent signature required when reinstating)

2/25/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JARVIS, MILDRED B.
STREET ADDRESS 6834 HAYTER DRIVE
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME JARVIS, ALBERT E.
STREET ADDRESS 6834 HAYTER DR
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

Mildred B. Jarvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

(941) 646-2769

Date Daytime Phone #

CR2E034 (9/96)