

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K38333 (6)

1. Corporation Name

AMESCO, INC.



Principal Place of Business

Mailing Address

2340 HOMESTEAD TERRACE
PALM HARBOR FL 34683
US

P. O. BOX 687
PALM HARBOR FL 34682

3. Date Incorporated or Qualified
10/07/1988

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

2a. Mailing Address

21 2837 Rustic Oaks Drive

4. FEI Number
59-2932116

Applied For
Not Applicable

22 Suite, Apt. #, etc.

22 Palm Harbor,

23 City & State

23 FL

24 Zip

24 34684

25 Country

25 USA

26

27

28

29

30

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOROCKI, MARIE
2340 HOMESTEAD TERRACE SOUTH
PALM HARBOR, FL 34683

81 Name Marie Horocki

82 Street Address (P.O. Box Number is Not Acceptable)
2837 Rustic Oaks Dr.

83 Palm Harbor, FL 34684

84 City FL 85 Zip Code

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

Marie Horocki

(NOTE: Registered Agent signature required when reappointing)

7/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HOROCKI, ZBIGNIEW
STREET ADDRESS 2837 RUSTIC OAKS DR.
CITY - ST - ZIP PALM HARBOR FL 34684

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DV
NAME HOROCKI, MARIE
STREET ADDRESS 2837 RUSTIC OAKS DR.
CITY - ST - ZIP PALM HARBOR FL 34684

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

TITLE DTS
NAME HOROCKI, CHRISTOPHER
STREET ADDRESS 2340 HOMESTEAD TERR.
CITY - ST - ZIP PALM HARBOR FL 34683

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Marie Horocki

7/19/96 VP
(813) 787-4064

CR2E034 (3/96)