

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L19866**

(7)

1. Corporation Name

AMOS & ASSOCIATES, INC.

Principal Place of Business

**%W.L. AMOS
4215 PLUMOSA TERRACE
BRADENTON FL 34210**

Mailing Address

**%W.L. AMOS
4215 PLUMOSA TERRACE
BRADENTON FL 34210-1244**

3. Date Incorporated or Qualified
09/28/1989

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21 **853 TARAWITT DR.**

26 **853 TARAWITT DR.**

4. FEI Number
65-0153521

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **LONGBOAT KEY FL.**

28 **LONGBOAT KEY FL.**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **34228**

25 **MANATEE**

29 **34228**

30 **MANATEE**

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

**AMOS, W.L.
4215 PLUMOSA TERRACE
BRADENTON FL 34210**

81 Name

AMOS, W.L.

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

853 TARAWITT DR.

83

LONGBOAT KEY

84

City

LONGBOAT KEY

FL

85 Zip Code

34228

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

W.L. Amos

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PS** ☐ DELETE
NAME **AMOS, LINDA B.**
STREET ADDRESS **4215 PLUMOSA TERRACE**
CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **PS** ☒ Change ☐ Addition
1.2 NAME **LINDA B. AMOS**
1.3 STREET ADDRESS **853 TARAWITT DR.**
1.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Linda B. Amos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

941-383-6494
Daytime Phone #

CR2E034 (9/96)