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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L19866 (7)

1. Corporation Name  
AMOS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

853 TARAWITT DR.  
4215 PLUMOSA TERRACE  
LONGBOAT KEY FL 34228  
US

853 TARAWITT DR.  
4215 PLUMOSA TERRACE  
LONGBOAT KEY FL 34228  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1201 DOCKSIDE PL.  
Suite, Apt. #, etc.

26 1201 DOCKSIDE PL.  
Suite, Apt. #, etc.

22 City & State  
23 SARASOTA FL.

27 City & State  
28 SARASOTA FL.

24 Zip 34242 Country 25 U.S.

29 Zip 34242 Country 30 U.S.

3. Date Incorporated or Qualified

09/28/1989

4. FEI Number

65-0153521

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMOS, W.L.  
853 TARAWITT DR.  
LONGBOAT KEY FL 34228

81 Name AMOS, W.L.

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

83 1201 DOCKSIDE PL.

84 City SARASOTA FL 85 Zip Code 34242

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

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

(NOTE: Registered Agent signature required when reinstating)

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS  
NAME AMOS, LINDA B.  
STREET ADDRESS 853 TARAWITT DR.  
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1201 DOCKSIDE PL.  
1.4 CITY-ST-ZIP SARASOTA FL. 34242

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

4/30/98

941-349-5770

941-756-1535

CR2E034 (10/97)