

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61483 (8)

1. Corporation Name
AMA STAFFING, INC.

Principal Place of Business
**1941 WHITFIELD PARK LOOP
SARASOTA FL 34243**

Mailing Address
**% LEONARD N. ALTAMURA
29605 U.S. HIGHWAY 19 NORTH SUITE 210
CLEARWATER FL 34621
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 01/26/1994
4. FET Number 59-3004926	Applied Fee 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 has liability for information under s. 190.02, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**WILLIAM GOODWILL
1941 WHITFIELD PARK LOOP
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

01. Name: **Same**

02. Street Address (P.O. Box Number is Not Acceptable):
6414 14th Street West

03. City: **Bradenton**

04. State: **FL**

05. Zip Code: **34207**

11. I, the undersigned, the president of the corporation (or the sole officer of the corporation), hereby certify that the information submitted on this annual report or registration report is true and correct to the best of my knowledge and belief, and that the corporation's board of directors (or the sole officer of the corporation) has authorized me to execute this statement and to file it with the Department of State. I hereby accept the responsibility as registered agent of the corporation.

SIGNATURE OF PRESIDENT OR SOLE OFFICER OF CORPORATION: _____ DATE: _____
SIGNATURE OF REGISTERED AGENT: _____ DATE: _____
SIGNATURE OF SECRETARY OF STATE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIVES CHANGES TO OFFICERS AND DIRECTORS (4-12)	
NAME D LEO MCGERHAN 1941 WHITFIELD PARK LOOP SARASOTA FL 34243	STREET ADDRESS CITY STATE ZIP	☒ Change ☐ Addition	Delete
NAME D EDWARD BONCHAT 1941 WHITFIELD PARK LOOP SARASOTA FL 34243	STREET ADDRESS CITY STATE ZIP	☒ Change ☐ Addition	
NAME D RICHARD RATNER 29605 US HW 19 NORT #210 CLEARWATER FL	STREET ADDRESS CITY STATE ZIP	☒ Change ☐ Addition	
NAME	STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition	
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NAME	STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition	
NAME	STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or registration report is true and correct to the best of my knowledge and belief, and that the corporation's board of directors (or the sole officer of the corporation) has authorized me to execute this statement and to file it with the Department of State. I hereby accept the responsibility as registered agent of the corporation.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/95 (13) 755-4634