

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L81200

(2)

1. Corporation Name

AMI, INC.

FILED

95 JUL -7 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

JULIAN B MACQUEEN
113 BAY BRIDGE PROFESSIONAL PARK
GULF BREEZE FL 32561

JULIAN B MACQUEEN
113 BAY BRIDGE PROFESSIONAL PARK
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3013478

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 124 Baybridge Park

2a. Mailing Address

26 124 Baybridge Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gulf Breeze, FL

City & State

28 Gulf Breeze, FL

Zip

24 32561

Country

Zip

29 32561

Country

30

9. Name and Address of Current Registered Agent

MACQUEEN, JULIAN B
113 BAY BRIDGE PROFESSIONAL PARK
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

Lyons, Mark III

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

124 Baybridge Park

83

84 City

Gulf Breeze

FL

85

Zip Code

32561

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MACQUEEN, JULIAN B
113 BAY BRIDGE PROFESSIO
GULF BREEZE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LYONS, MARK, III
113 BAY BRIDGE PROFESSIO
GULF BREEZE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

N/A
N/A
N/A
N/A

☒ Change ☐ Addition

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

124 BAYBRIDGE PARK

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/95

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