FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L81200** **(2)**

1. Corporation Name

AMI, INC.

Principal Place of Business	Mailing Address
124 BAYBRIDGE PARK ~~110 BAY BRIDGE PROFESSIONAL PARK~~ GULF BREEZE FL 32561 US	124 BAYBRIDGE PARK ~~110 BAY BRIDGE PROFESSIONAL PARK~~ GULF BREEZE FL 32561 US

3. Date Incorporated or Qualified: **06/15/1990**
3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business
21: 124 Baybridge
22: Suite, Apt. #, etc.
23: Gulf Breeze, Fla
24: Zip 32561
25: Country U.S.

2a. Mailing Address
26: P.O. Box 99
27: Suite, Apt. #, etc.
28: Gulf Breeze, Fla.
29: Zip 32562-0099
30: Country ~~US~~

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

9. Name and Address of Current Registered Agent

LYONS, MARK III
124 BAYBRIDGE ~~PARK~~
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: Mark Lyons III Pres. 3-15-96
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	D	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~MACQUEEN, JULIAN B~~		1.2 NAME		
STREET ADDRESS	~~110 BAY BRIDGE PROFESSIO~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~GULF BREEZE FL~~		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Pres. & Dir.	☑ Change ☐ Addition
NAME	LYONS, MARK, III		2.2 NAME	MARK LYONS III	
STREET ADDRESS	124 ~~BAYBRIDGE PARK~~		2.3 STREET ADDRESS	124 Baybridge	
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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

SIGNATURE: Mark Lyons III 4-7-96 904 934-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #