

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 22 1997 8:00am
Secretary of State

DOCUMENT # **L81200** (2)

1. Corporation Name
AMI, INC.



Principal Place of Business

**124 BAYBRIDGE
GULF BREEZE FL 32561
US**

Mailing Address

**P.O. BOX 68
GULFBREEZE FL 32562-0068
US**

2. Principal Place of Business

21 **350 Pensacola Beach Blvd**

Suite, Apt. #, etc.

22 **Suite 7**

City & State

23 **Gulf Breeze, FL**

Zip

24 **32561**

Country

25 **US.**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

04/16/1996

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

10. Name and Address of New Registered Agent

81 Name

Mark Lyons III

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

68 Bay bridge

83

84 City

Gulf Breeze

FL

85 Zip Code

32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reinstalling)

DATE

4-21-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
LYONS, MARK, III**
STREET ADDRESS **124 BAYBRIDGE**
CITY- ST- ZIP **GULF BREEZE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
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CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

904934-0440

Daytime Phone #

0491873

CR2E034 (9/96)