

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

DOCUMENT # L81200

**AMI, INC.**

Mailing Address  
P.O. BOX 99  
GULFBREEZE FL 32562-0099  
US

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip Code

DATE \_\_\_\_\_

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

4-1-00

850 934-0440