

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M69416 (9)

1. Corporation Name
M.A.M. INDUSTRIES, INC.



Principal Place of Business
10736 SYKLARK DR.
JACKSONVILLE FL 32257

Mailing Address
10736 SYKLARK DR.
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified
02/24/1988

3a. Date of Last Report
04/28/1995

4. FEI Number
59-2875592

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 MAM Industries Inc
22 10736 Skylark Dr
23 Jax FL
24 32257
25 Duval

2a. Mailing Address
26 10736 Skylark Dr
27
28 Jacksonville FL
29 32257
30 Duval

9. Name and Address of Current Registered Agent

CHAO, THOMAS K.
10736 SYKLARK DR.
JACKSONVILLE FL 32257

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 607.1502, 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 below signature (Not Applicable)

Typed Name of Agent (Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
D	CHAO, THOMAS K.	10736 SKYLARK DR.	JACKSONVILLE FL	
D	CHAO, LECO L.	10736 SKYLARK DR.	JACKSONVILLE FL	
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	☐ Change ☐ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	☐ Change ☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY - ST - ZIP	☐ Change ☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY - ST - ZIP	☐ Change ☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY - ST - ZIP	☐ Change ☐ Addition
25. TITLE	26. NAME	27. STREET ADDRESS	28. 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)(a), 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

Thomas CHAO

4-29-96 (904) 9526

CR2E034 (12/95)