

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 6:24

DOCUMENT # M81305 (8)

1. Corporation Name

AMPCO INVESTMENTS INCORPORATED

Principal Place of Business

Mailing Address

**C/O A. M. PAPINEAU
1165 CLAM COURT, #13
NAPLES FL 33962**

**C/O A. M. PAPINEAU
1165 CLAM COURT, #13
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/17/1988** 3a. Date of Last Report **01/21/1994**

4. FEI Number **65-0053922** 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

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPINEAU, A. M.
1165 CLAM COURT, #13
NAPLES FL 33962**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	PAPINEAU, A. M.
STREET ADDRESS	1165 CLAM COURT
CITY - ST - ZIP	NAPLES FL
TITLE	SD
NAME	PAPINEAU, TERRIN L.
STREET ADDRESS	212 BENSON ST.
CITY - ST - ZIP	NAPLES FL
TITLE	TD
NAME	MARSH, LESLIE M.
STREET ADDRESS	349 HARMONY COURT
CITY - ST - ZIP	SAN ANTONIO TX
TITLE	D
NAME	ROGERS, C.R.
STREET ADDRESS	8231 LAKESHORE DR.
CITY - ST - ZIP	GARY IN
TITLE	V
NAME	MILLER, M.S.
STREET ADDRESS	1165 CLAM CT.
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	TD
3.3 STREET ADDRESS	MARSH, LESLIE M.
3.4 CITY - ST - ZIP	2698 BUTRIGGER LANE
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	NAPLES FLORIDA
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, 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

A.M. PAPINEAU

3-28-95 813-775-3338

Date

Telephone Area