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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38896** (9)

1. Corporation Name
AMMA, INC.

Principal Place of Business % JACK P. PANKOW 12730 NEW BRITTANY BLVD., STE. 304 FT MYERS FL 33907 US	Mailing Address % JACK P. PANKOW 12730 NEW BRITTANY BLVD., STE. 304 FT MYERS FL 33907 US
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3. Date Incorporated or Qualified

06/29/1990

4. FEI Number 65-0261828	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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2. Principal Place of Business 21 401 E. JACKSON ST. Suite, Apt. #, etc. 22 SUITE 1700 City & State 23 TAMPA FL 33601 Zip 24 33601	2a. Mailing Address 26 401 E. JACKSON ST. Suite, Apt. #, etc. 27 SUITE 1700 City & State 28 TAMPA FL 33601 Zip 25 HILLSBOROUGH 33601
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PANKOW, JACK P.
13180 N CLEVELAND AVE
STE 237
N FT MYERS FL 33903**

81 Name LAUREL L. GRAMMIG
82 Street Address (P.O. Box Number is Not Acceptable) 401 E. JACKSON ST.
83 SUITE 1700
84 City TAMPA
85 Zip Code FL 33601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Laurel L. Grammig* **4/21/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	HYDE, ROBERT J.	1.1 TITLE P/D	JOHN F. RATH
NAME		1.2 NAME	
STREET ADDRESS 12730 NEW BRITTANY BLVD., STE. 304		1.3 STREET ADDRESS 401 E. JACKSON ST. SUITE 1700	
CITY-ST-ZIP FT MYERS FL		1.4 CITY-ST-ZIP TAMPA, FL. 33601	
TITLE D	MILLER, THOMAS W	2.1 TITLE D	WILLIAM OPP
NAME		2.2 NAME	
STREET ADDRESS 12730 NEW BRITTANY BLVD, 304		2.3 STREET ADDRESS 15191 HOMESTEAD ROAD	
CITY-ST-ZIP FT MYERS FL 48		2.4 CITY-ST-ZIP FT. MYERS FL 33971	
TITLE STD	PANKOW, JACK P.	3.1 TITLE S/T/D	THOMAS S. SOUSA
NAME		3.2 NAME	
STREET ADDRESS 13180 N CLEVELAND AVE, STE 237		3.3 STREET ADDRESS 401 E. JACKSON ST. SUITE 1700	
CITY-ST-ZIP N FT MYERS F		3.4 CITY-ST-ZIP TAMPA FL 33601	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas S. Sousa* **Thomas S. Sousa** **4/21/98** **813-222-4067**

CR2E037 (10/97)