

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000002078 (3)**

1. Corporation Name

AMVETS, POST # 85, INC.

Principal Place of Business

Mailing Address

PO BOX 940
BOSWELL RD
BONIFAY FL 32425-0940

PO BOX 940
BOSWELL RD
BONIFAY FL 32425-0940



700001887857
-07/09/96--01104--001

3. Date of Incorporation or Qualified
04/26/1994

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOSWELL, BOBBY
RT 3 BOX 1157
BONIFAY FL 32425**

81 Name

ROBERT W. HELMS

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

RT 4 BOX 606

83

84 City

BONIFAY

FL

85 Zip Code
32425

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

Robert W. Helms SR.

ROBERT W. HELMS, SR.

JUNE 11, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P BOSWELL, BOBBY**
STREET ADDRESS **ROUTE 3, BOX 1157**
CITY-ST-ZIP **BONIFAY FL 32425**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P ROBERT W. HELMS, SR.**
1.3 STREET ADDRESS **RT 4 BOX 606**
1.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ DELETE
NAME **V HELMS, ROBERT W SR.**
STREET ADDRESS **ROUTE 4, BOX 606**
CITY-ST-ZIP **BONIFAY FL 32425**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **V JERRY D. SLAY, II**
2.3 STREET ADDRESS **RT 4 BOX 104**
2.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ DELETE
NAME **T LOCKE, JAMES E.**
STREET ADDRESS **902 SOUTH BOULEVARD, EAST**
CITY-ST-ZIP **CHIPLEY FL 32428**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **V JOHN J. BOYD**
3.3 STREET ADDRESS **RT 4 BOX 174**
3.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ DELETE
NAME **T BALCH, RAY**
STREET ADDRESS **P.O. BOX 1146 N/A**
CITY-ST-ZIP **BONIFAY FL 32425**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **S BOB G. DUNGAN**
4.3 STREET ADDRESS **P.O. BOX 771 N/A**
4.4 CITY-ST-ZIP **CHIPLEY, FL 32428**

TITLE ☐ DELETE
NAME **T JENKINS, THOMAS JR.**
STREET ADDRESS **P.O. BOX 606 N/A**
CITY-ST-ZIP **BONIFAY FL 32425**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **T THOMAS E. JENKINS JR.**
5.3 STREET ADDRESS **RT 4 BOX 632**
5.4 CITY-ST-ZIP **BONIFAY, FL 32425**

TITLE ☐ DELETE
NAME **S CLAUS, WILLIAM A.**
STREET ADDRESS **ROUTE 1, BOX 130**
CITY-ST-ZIP **BONIFAY FL 32425**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **D RAY BALCH**
6.3 STREET ADDRESS **P.O. BOX 1146 N/A**
6.4 CITY-ST-ZIP **BONIFAY, FL 32425**

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)(k), 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 E. Jenkins, Jr.

THOMAS E. JENKINS, JR

6-11-96

(904) 547-4436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)