


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002078 (3)**

1. Corporation Name  
**AMVETS, POST # 85, INC.**



Principal Place of Business <b>PO BOX 940 BOSWELL RD BONIFAY FL 32425-0940</b>	Mailing Address <b>PO BOX 940 BOSWELL RD BONIFAY FL 32425-0940</b>
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3. Date Incorporated or Qualified <b>04/26/1994</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LOCKE, JAMES E 902 S BOULEVARD W CHIPLEY FL 32428</b>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number Is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>LOCKE, JAMES E 902 S BOULEVARD W CHIPLEY FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>V</b>	<input type="checkbox"/> DELETE <b>DUNGAN, BOB G P.O. BOX 771 N/A CHIPLEY FL</b>	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>V</b>	<input checked="" type="checkbox"/> DELETE <b>BOYD, JOHN J ROUTE 4, BOX 174 BONIFAY FL 32425</b>	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>T</b>	<input type="checkbox"/> DELETE <b>ADAIR, JOHN L 1711-A LAKEVIEW RD CARYVILLE FL</b>	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>HELMS, JAMES C RT. 1 BOX 302 BONIFAY FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>ARD, PAUL R RT 2 BOX 320 BONIFAY FL</b>	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: John L. Adair Mar. 7, 1998 850-547-3386

CR2E037 (10/97)