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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03013

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AML CONTRACTORS, INC.

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Feb 25	1997	8:00am
Secre	tary o	of State

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•	de at Hasness	Maning Address)	1881 18 18	#1811 1481
Principal Place of Business 7931 HOWELL'S FERRY RD. SEEMES AL 36575 US		PO BOX 180007 MOBILE AL 36618-0007	PO BOX 180007						
		US			3. Date Incorporated or 08/13/1984	Qualified	3a. Date o		aporl
2. Principal	Frace of Bosiness	2a. Mailing Address			4. FEI Number		Vel (1)	******	plied For
11		26			63-0568282				t Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.			6. Certificate of Status I)onizod	□ \$	8.75 A	Additional
2		27		····	b. Certificate of Status t)esiieu		Fee Re	quired
City & Sta	de	City & State			6. Election Campaign F	•		\$5.00	May Be
3		28	Т о-		Trust Fund Contributi			Added t	
- Zipi .3	Country	Zip	Countr	y	8. This corporation has				199.032,
1	25 9. Name and Address of Curr	29 ant Registered Agent	30		Florida Statutes 10. Name and Address		Yes 🔀 N		
		om negistered rigoni	81	Name	TO. HOMO MINE ACCIONS	0, 11011 1109	iotoro rigo		
	T CORPORATION SYSTEM			<u> </u>					
	00 South Pine Island Road Antation FL 33324		82	Street Add	ress (P.O. Box Number is No	ot Acceptabl	e)		
PL.	MAINTON PL 33324		83						
			64	City			FL 8	5 Zip (Code
ii Daicini	at to the recognizery of Spections 607.0	502 and 607 1508 Florida Statu	tos the abov	e-named corr	noration submits this statem	ont for the nu	roose of cha	nging its	s renistered
office of	it to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob	ite of Florida, Such change was	authorized b	y the corpora	tion's board of directors. The	ereby accept	t the appointr	ment as	registered
agent i	am familiar with, and accept the ob-	ligations of, Section 607.0505, F	lorida Statute	·S.	•				
SIGNATURE									
			TF. Braistered Ac	ent signature regui	ired when reinstallant)		DATE		
12.	Printed typed to perform units of the sheet. OFFICERS A			ent signature requi	red when reinstating) ADDITIONS/CHANGE	S TO OFFICI	DATE ERS AND DIF	RECTOR	S IN 12
		AND DIRECTORS DELETE	TE Registered Ag 1.1 TITLE	ent signature requi	red when reinstating) ADDITIONS/CHANGE	S TO OFFICI	ERS AND DIF	RECTOR Change	
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4. I do hereby ccrt fy 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 colornation inchested on this armual 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 office or director of the corporation or the receiver or frustee 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

STONATURE AND THE O OH PRINTED NAM

J. Keith Jackson

12-17-97

1334-649-7606