

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:13

DOCUMENT # P15265

(2)

1. Corporation Name

AMEBEC DEVELOPMENT, INC.

Principal Place of Business

3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

Mailing Address

3616 MAGNOLIA POINT BLVD
GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1987 3a. Date of Last Report 01/25/1994

4. FEI Number 13-2927133 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

21 Suite, Apt. #, etc.

2a. Mailing Address

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

ROYAL, BERT, V
3616 MAGNOLIA PT BLVD
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE P
2. NAME SCHAD, THOMAS
3. STREET ADDRESS 3616 MAGNOLIA POINT BLVD
4. CITY - ST - ZIP GREEN COVE SPRINGS FL

1. TITLE VST
2. NAME ROYAL, BERT V.
3. STREET ADDRESS 3616 MAGNOLIA POINT BLVD
4. CITY - ST - ZIP GREEN COVE SPRINGS FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

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2. NAME
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4. CITY - ST - ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

Bert V. Royal

2/7/95

304-284-9653