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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90267 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28339

1. Corporation Name
AMERACE CORPORATION

Principal Place of Business

**AMERACE CORP
16228 FLIGHT PATH DR
BROOKSVILLE FL 34609
US**

Mailing Address

**AMERACE CORP
8155 THOMAS & BETTS BLVD
MEMPHIS TN 38125
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1990

4. FEI Number

13-3240682

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WAY, JANICE H	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MOORE, CLYDE	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	LANGSTON, GREGORY	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELLIS, CHARLES	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ELLIS	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRONENBERG, JERRY	
STREET ADDRESS	8155 T & B BLVD	
CITY-ST-ZIP	MEMPHIS TN 38125	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Penelope Turnbow	
1.3 STREET ADDRESS	8155 T&B Blvd	
1.4 CITY-ST-ZIP	Memphis, TN 38125	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 **901-252-5000**
Date Daytime Phone #

CR2E034 (11/98)