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FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P40714 (8)

1. Corporation Name  
AML ACQUISITION COMPANY

Principal Place of Business

301 W. BAY STREET  
SUITE 2810  
JACKSONVILLE FL 32202

Mailing Address

301 W. BAY STREET  
SUITE 2810  
JACKSONVILLE FL 32202-5127



3. Date Incorporated or Qualified  
09/30/1992

3a. Date of Last Report  
12/27/1996

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

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4. FEI Number

59-3157046

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

John W. DuBose, III

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

301 W. Bay Street

83

Suite 2810

84 City

Jacksonville

FL

85 Zip Code  
32202

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 a registered agent under 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

2/12/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME DRUCE, J. DIX, JR.  
STREET ADDRESS 301 BAY STREET, #2810  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE VPSD ☐ DELETE  
NAME COOKSEY, C. L.  
STREET ADDRESS 301 BAY STREET, #2810  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE D ☒ DELETE  
NAME DRUCE, WENDY  
STREET ADDRESS 301 BAY STREET, #2810  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE D ☒ DELETE  
NAME COOKSEY, DIXIE  
STREET ADDRESS 301 W. BAY STREET, #2810  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE TD ☐ DELETE  
NAME DUBOSE, JOHN W  
STREET ADDRESS 301 W. BAY STREET, #2810  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Slatery, Charles K.  
3.4 CITY - ST - ZIP 1000 Ridgeway Loop Rd, Suite 233  
Memphis, TN 38120-4023

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE VPT ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000021

2/12/97

CR2E034 (9/96)