## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 18 1997 8:00am

Secretary of State

Addition

Change

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000045464 (3) DOCUMENT #

AMA BUILDING CONTRACTORS, INC.

Principal Plac	Principal Place of Business Mailing Address			a indicada con secon constructiva della contra della contra della contra della contra della contra della contr		
% ANDREW M 12369 TEAL R JACKSONVILLI		% ANDREW MINFORD APP 12369 TEAL RUN COURT JACKSONVILLE FL 32258-3				
				3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 06/24/1996	
2. Principal P	flac <b>e o</b> f Business	2a. Mailing Address		4. FEI Number	Applied For	
21 893	WB BOOS STATE O	26 8430 STA	TE ROMA BY	-/ 59-3201251	Not Applicable	
Suite, Apt		Suite, Apt. #, etc.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Day	<u>s</u> , Fl.	28 DAVIS , F/	<b>.</b>	Trust Fund Contribution	Added to Fees	
Zip	Country U. S. A.	Zip	Country	8. This corporation has liability for i		
24 333	25 75 125 CAR	28 33334	10 U. S. A.	1	Yes 🔀 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Re	10. Name and Address of New Registered Agent	
	PLEGATE, ANDREW M		81 Name	M. Apprecate		
JACKSONVILLE FL 32258				idress (P.O. Box Number is Not Acceptab	ıle)	
				STATE ROAD 84		
			83			
			84 City	2	les Zin Onda	
			84 City	. 11.6	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the p	urnone of changing its registered	
n to soitte	egi <b>ste</b> red agent, or both, in the State om m <b>famil</b> iar with, and accept the obliga	of Florida. Such change was au tions of Section 607,0505. Flor	Ithorized by the corpo	ration's board of directors. I hereby accep	of the appointment as registered	
	<i>21</i> a. 71		d.	ss (a)\	1. 1. 100	
SIGNATURE	Signature typed or priviled name of near yill a age.	and life if applicable (NOIL:	Hugistered Agent signature re	guired when reinstating)	DATE	
12.	OFFICERS AND	DIRLCTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	☐ DELFTE	1.1 TITLE C	SUNGE	Change Addition	
NAME	APPLEGATE, ANDREW M		1.2 NAME	INDEED M. APPLECATE		
STREET ADDRESS	12369 TEAL RUN COURT				232	
CITY - ST - ZIP	JACKSONVILLE FL 32258		1.4 C(1)Y - S1 - Z(f)	Mais , Fl. 33324	7.53	
TITLE		DELETE	2.1 TITLE	21915 114 99383	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CHY-S1-7P			
TITLE		DELETE	3 1 1111.1		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CHY-ST-ZIP			
TITLE		DELETE	4.1 11TLE		Change Addition	
NAME			4. 2 NAME		igo Latribu	
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-ST-ZIP			4.4 CITY - \$1 - ZIP			
TITLE		DELLTE	5.1 TILE		Change Addition	
NULL		- PARTICE	S.I TILLE		Onenge Addition	

5.3 STREET ADORESS

6.3 STREET ADDRESS 6.4 CITY - ST - 7)P 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 offect as if made under eath; 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.

5.4 CHY+ST- ZIP

6.1 7HLE

6.2 NAME

DELETE