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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90243 020 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

DOCUMENT # P93000057195

AMERICAN MERCANTILE AND EXCHANGE COMPANY

5324 SPRING HILL DR SPRING HILL FL 34606 US		5324 SPRINGHILL DRIVE SPRINGHILL FL 34606 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					08/16/1993			}
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3196130			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Additional
22		27			- 5 Certificate of Status Desired		Fee	Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip	Country Zip Country 25 29 30			antry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes		₩wo.		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered A	gent	
			81	Name				
1211	TON, MARY ELLEN AMBROSE COURT		82 Street Address (P.O. Box Number is Not Acceptable)					
SPRI	NG HILL FL 34608		83]				
			84	City	<u></u>	FL	85 2	Zip Code
agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Stonature, typed or printed name of registered ager	tions of, Section 607.0505, Florida	Statutes		rporation submits this statement for the pution's board of directors. I hereby accept to	DATE	ment a	s registered
12,		D DIRECTORS	13.	it signature requ	ADDITIONS/CHANGES TO OFFI		DIRE	CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Char	
NAME	HULTON, MARY ELLEN	_	1.2 NAME					Ì
STREET ADDRESS	1211 AMBROSE CT		l	T ADDRESS				į
J	SPRINGHILL FL		1.4 CITY-S					
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE	1-211			Char	nge Addition
NAME	HULTON, EDMUND G. JR.		2.2 NAME					\
STREET ADDRESS	1211 AMBROSE CT			TADDRESS				}
CITY-ST-ZIP	SPRINGHILL FL	<u></u>	2. 4 CITY-5					
TITLE	O-111140-115E-1-E	☐ DELETE	3.1 TITLE				Char	nge 🔲 Addition
NAME			3.2 NAME	•	•			{
STREET ADDRESS			3.3 STREE	TADDRESS				1
CITY-ST-ZIP			34. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Char	nge 🗌 Addition i
NAME			4. 2 NAME					1
STREET ADDRESS			4.3 STREE	T ADDRESS				1
CITY-ST-ZIP			44 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Char	nge 🔲 Addition
NAME			5.2 NAME	}				}
STREET ADDRESS			5.3 STREE	T ADDRESS				}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	1	•		☐ Char	nge 🗌 Addition (
NAME			6.2 NAME					
CYPECT ADDRESS			6.3 STREE	TADDRESS				J

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.