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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300062239 (7)

FILED
May 06 1998 8:00am
Secretary of State

AMSCO	BUILDERS, INC.						
Principal Plac	e of Business	Mailing Address			i taannaat tia tahka mini kalit aanii dalii d	Vill Bilis ildiğ libbə ili	
	2820 MAX SMITH ROAD P. O. BOX 2667 LUTZ FL 33549 LUTZ FL 33549 US US				DO NOT WRITE IN	THIS SPACE	
2 Principal P	lace of Business	2a. Mailing Address			<b>09/01/1993</b> El Number		nation For
-12530	) Land O'Lakes Bla	doe		4. '		<u> </u>	pplied For at Applicable
Suite, Apt.		Suite, Apt. #, etc.	·		59-3200112	\$8.75	Additional
22		27		<b>5.</b> C	Certificate of Status Desired L	7	equired
City & State	°0' Lakes. FL	City & State	-		lection Campaign Financing		May Be
23 LOTIA	O CONTROLLY	28 Zip	Country		rust Fund Contribution L		to Fees
<b>21346</b>		<b>}</b> -¬ ⊢	30	l l	his corporation owes or has paid t tersonal Property Tax due June 30	<u> </u>	tangible
<u> </u>	9. Name and Address of Current		,		lame and Address of New Regis		
ALA	ES, DEBRA J		B1 Name				
<del>-282</del>	es, dedica o 19 MAX SMITH ROAD 1 <del>2 FL 33549</del> -		83	Address (P.C	BoxNumber is Mn Acceptable)	FL 85 53	(Edu U
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered agent		Registered Agent signature			DATE	
12.	OFFICERS AND	DELETE	13.	AD AD	DITIONS/CHANGES TO OFFICER		
TITLE	DST	ב] מבנבונ	1.1 TITLE	( <b>D)</b>	( r , t	<b>∠</b> Change	Addition
NAME	AMES, DEBRA J		1.2 NAME	41/alla	West Drive_		[]
STREET ADDRESS	2620 MAX SMITH ROAD		13 STREET ADDRESS	West		22	544
CITY-ST-ZIP TITLE	<u>tutz</u> fl DP	DELETE	1.4 CHY-ST-ZIP 2.1 THE	1000	Cy Chaper, 12	Change	Addition
NAME	•	CJ beefit	2.2 NAME	$\nu_{i}$		Criango	- Madellon
STREET ADDRESS	AMES, STEVEN C. 2820 MAX SMITH ROAD		2.3 STREET ADDRESS	7616	West Drive	_	
CITY-ST-ZIP	-LUTZ FL		2.4 C(TY-ST-ZIP	west	en Chapel F1	38	544
TITLE	-1012 (1	DELETE	3.1 TITLE	1000	- CINDELL TO	Change	Addition
NAME		<del>-</del> -	3.2 NAME	1		<b>—</b> •	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				t
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET ADDRESS				-
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1			1
TITLE		DELETE	5 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	1			
CITY-ST-ZIP			5.4 CITY - ST - ZIP				1
TITLE		DELETE	6.1 TITLE	1		Change	Addition
NAME			6.2 NAME	Ì			1
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6 4 CITY- ST - ZIP				
14, I hereby c	certify that the information supplied will	this filing does not qualify for	the exemption state	ed in Section	119.07(3)(i), Florida Statutes, I fun	ther certify that the	information

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this arimual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

CIONATURE.

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Nohm T. Ames

4/27/98 (813)949-5870