

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000006856 (6)**

1. Corporation Name:

AMERICAN COINS & STAMPS, INC.



Principal Place of Business

**3446 W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

Mailing Address

**3446 W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

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

3. Date Incorporated or Qualified

01/17/1994

3a. Date of Last Report

03/21/1995

4. FEI Number

59-3218251

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

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 607.0642 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. I am familiar with, and accept the obligations of, Section 607.0525, Florida Statutes.

SIGNATURE

Signature of person making a change to the corporation's registered office or registered agent

Signature of person making a change to the corporation's registered office or registered agent

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

**YECKRING, JAMES H.
RT 2 BOX 454
MICANOPY FL 32687**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**YECKRING, CHARLOTTE F.
RT 2 BOX 454
MICANOPY FL 32687**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PT

**YECKRING, RONALD J
3321 NW 27TH AVE
GAINESVILLE FL 32605**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

☒ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change

☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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:

Ronald J. Yeckring
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald J. Yeckring

4/1/96

372-6400

CR2E034 (12/95)