FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009658 (3)

1. Corporation Name
AMOTALL, INC.

Principal Place of Business
6108 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
6108 SOUTH ATLANTIC AVENUE
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1994
3a. Date of Last Report:

2. Principal Place of Business
21 232 Quay Assisi
Suite, Apt. #, etc.
22
City & State
23 New Smyrna Beach, FL
Zip
24 32169
County
25 Volusia

2a. Mailing Address
26 232 Quay Assisi
Suite, Apt. #, etc.
27
City & State
28 New Smyrna Beach, FL
Zip
29 32169
County
30 Volusia

4. FEI Number: 59-3229343 — 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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

ROSS, WILLIAM L JR.
221 NORTH CAUSEWAY
NEW SMYRNA BEACH FL

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 607.0502 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, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD [X] Change ☐ Addition
NAME	TALLANT, ROBERT E JR	1.2 NAME	TALLANT, ROBERT E. JR
STREET ADDRESS	6108 SOUTH ATLANTIC AVENUE	1.3 STREET ADDRESS	232 QUAY ASSISI
CITY ST ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY ST ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	VSD	2.1 TITLE	VSD [X] Change ☐ Addition
NAME	TALLANT, SUE C	2.2 NAME	TALLANT, SUE C.
STREET ADDRESS	6108 SOUTH ATLANTIC AVENUE	2.3 STREET ADDRESS	232 QUAY ASSISI
CITY ST ZIP	NEW SMYRNA BEACH FL 32169	2.4 CITY ST ZIP	NEW SMYRNA BEACH, FL 32169
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 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] Pres — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT E. TALLANT JR

3-30-95 (Date) 904 672-6162 (Daytime Phone #)

0012034 CP