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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000016149 (4)

DOCUMENT #
1. Corporation Name AMEDICANI DIDE AND IDOM INC

AMEH	ICAN PIPE AND INON, IN	0.			
Principal Place	of Business	Mailing Address		1 idditidit tell iffer didit gater at	
6235 GREENLAND RD JACKSONVILLE FL 32258		6235 GREENALN JACKSONVILLE U US			
, us		US		3. Date incorporated or Qualified 02/25/1994	3a. Date of Last Report 04/18/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 59-3242525	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees
Z _I ρ 24	Country 25	Zip 29	Country 30		. □ No
[24]	9. Name and Address of Curre			10. Name and Address of New F	Registered Agent
HOLTON, FREDDIE W 82 Street Ad				FREDDIE D. Holton dress (P.O. Box Number is Not Acceptable)	
	T ANDREWS STREET SONVILLE FL 32205		83	771 Thicket Ridge	
			84 City	cksomille	FL 85 Zip Code 32258
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida St orida, Such change was auth	atutes, the above named co porized by the corporation's	rporation submits this statement for the puboard of directors. I hereby accept the app	rpose of changing its registered office cointment as registered agent. I am
familiar wil	in, and accept the obligations of Sec Fredai 4. dulta	oction 607.0505, Florida Stat $\mathcal{F}_{\mathcal{R} \in \mathcal{O} \mathcal{O} i \in \mathcal{O}}$.	Holton [[LS19614	3/4/96
SIGNATURE	Signature, typind or printed name of registered agr	out and the if appacable	(NOTE: Registered Agent signature re	equired when reinstativity) ADDITIONIS/CHANGES TO DE	FICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/GFIANGES TO OF	Change Addition
31'LF	D P HOLTON, FREDDIE D	Diction	1.2 NAME		-
NAME	6235 GREENLAND RD		1,3 STREET ADORESS		
STREET ADDRESS	JACKSONVILLE FL		1.4 CITY - ST - ZIP		
CHY SI-ZP.	JAONOOITTIELE I'E	DELETE	2 1 TITLE		Change Addition
		سو	2.2 NAME		
NAME CHARLE ADDRESS			2 3 STREET ADDRESS		
SIRFEL ADDRESS CITY ST-ZIP			2 4 CITY - ST - ZIP		
1 Itt		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ACCRESS			33 STREET ADDRESS		
CUTY - ST - ZUF			3 4 CITY - ST-ZIP		Character El Addition
11115		☐ DELETE	4. 1 TITLE	1	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CHY-51-ZIP			4.4 CITY - \$1 - ZIP		Change Add-tion
101. F		DELETE	1		Fill custific Fill Mandon
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	<u> </u>	
CITY ST ZIP			5.4 CITY+ST-ZIP		Change Addition
HEE		DELETE	6 1 TITLE		L LOURNING L MAGNION
NAME			62 NAME 63 STREET ADDRESS		

SIGNATURE:

14. Ido 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 attactiment with an address. FREDDIE D. Holton 3/6/96

64 CITY - ST - ZIP

904-262-1626