

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # P94000017681 (5)

1. Corporation Name
AMC ACQUISITION, INC.



Principal Place of Business: 4500 SALISBURY ROAD JACKSONVILLE FL 32216 US
Mailing Address: PO BOX 2109 JACKSONVILLE FL 32232 US

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 02/09/1995

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-3236296
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

9. Name and Address of Current Registered Agent
**F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, JR. R	1.2 NAME	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, DAVID M.	2.2 NAME	
STREET ADDRESS	661 RIVERSIDE AVE.	2.3 STREET ADDRESS	4500 Salisbury Road
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMMANDER, III C	3.2 NAME	
STREET ADDRESS	200 LAURA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT D.	4.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, RADFORD D.	5.2 NAME	
STREET ADDRESS	1010 EAST ADAMS ST.	5.3 STREET ADDRESS	1600 Independent Square
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRCLIFF, ROBERT T.	6.2 NAME	
STREET ADDRESS	2529 GULF LIFE DRIVE	6.3 STREET ADDRESS	1301 River Place Blvd., Suite 2529
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32207-9084

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Clements, Vice President

Date: 4/10/96 904/281-6204 Daytime Phone #

CR2E034 (12/95)

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**AMC ACQUISITION, INC.
BOARD OF DIRECTORS**

Russell B. Newton, Jr.
111 Riverside Avenue, Suite 140
Jacksonville, FL 32202

David M. Hicks
4500 Salisbury Road
Jacksonville, FL 32216

Charles E. Commander, III, Esq.
200 Laura Street
Jacksonville, FL 32202

Robert D. Davis
5050 Edgewood Court
Jacksonville, FL 32254

Radford D. Lovett
1600 Independent Square
Jacksonville, FL 32202

Robert T. Shircliff
1301 River Place Blvd., Suite 2529
Jacksonville, FL 32207-9084

Gary A. Meeks
4500 Salisbury Road
Jacksonville, FL 32216

Robert M. Clements
4500 Salisbury Road
Jacksonville, FL 32216

Ralph W. Trout
4500 Salisbury Road
Jacksonville, FL 32216