

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017681

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**

2. Principal Place of Business

21 8100 Nations Way

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32256 25 US

Zip

Country

29 30

9. Name and Address of Current Registered Agent

**F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

3. Date incorporated or Qualified

03/07/1994

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 owes the current year Intangible
Personal Property Tax. ☐ 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 607.0502 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

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **NEWTON, RUSSEL B JR**
CITY-ST-ZIP **111 RIVERSIDE AVE., SUITE 140
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **C**
STREET ADDRESS **HICKS, DAVID M.**
CITY-ST-ZIP **1725 MEMORIAL PARK DRIVE
JACKSONVILLE FL 32204**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **COMMANDER, CHARLES E III**
CITY-ST-ZIP **200 LAURA ST.
JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **DAVIS, ROBERT D.**
CITY-ST-ZIP **4310 PABLO OAKS CT
JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **LOVETT, RADFORD D.**
CITY-ST-ZIP **1600 INDEPENDENT SQUARE
JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **SHIRCLIFF, ROBERT T.**
CITY-ST-ZIP **1301 RIVER PLACE BLVD., SUITE 2529
JACKSONVILLE FL 84**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32202

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

32202

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

32224

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

32202

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

32207

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Robert D. Lovett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 904-281-6204
Date Daytime Phone #

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90247 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/98)