

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

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

04-20-1999 90247 047 \*\*\*150.00

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.**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**59-3236296**

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

2. Principal Place of Business

21 **8100 Nations Way**

22 Suite, Apt. #, etc.

23 **Jacksonville FL**

24 **32256** 25 **US**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D NEWTON, RUSSEL B JR**

STREET ADDRESS **111 RIVERSIDE AVE., SUITE 140**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  DELETE

NAME **C HICKS, DAVID M.**

STREET ADDRESS **1725 MEMORIAL PARK DRIVE**

CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE  DELETE

NAME **D COMMANDER, CHARLES E III**

STREET ADDRESS **200 LAURA ST.**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  DELETE

NAME **D DAVIS, ROBERT D.**

STREET ADDRESS **4310 PABLO OAKS CT**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  DELETE

NAME **D LOVETT, RADFORD D.**

STREET ADDRESS **1600 INDEPENDENT SQUARE**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  DELETE

NAME **D SHIRCLIFF, ROBERT T.**

STREET ADDRESS **1301 RIVER PLACE BLVD., SUITE 2529**

CITY-ST-ZIP **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

3.1 TITLE  Change  Addition

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  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP **32202**

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP **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

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

CR2E034 (1/1/98)