

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90011 020 ***150.00



DOCUMENT # P94000017681
 1. Entity Name
AMC ACQUISITION, INC.

Principal Place of Business: **8100 NATIONS WAY JACKSONVILLE, FL 32256 US**
 Mailing Address: **PO BOX 2109 JACKSONVILLE, FL 32232 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

Barcode
 02012004 Chg-P CR2E034 (10/03)
 4. FEI Number: **59-3236296** Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWTON, RUSSEL B JR	
STREET ADDRESS	111 RIVERSIDE AVE., SUITE 140	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	C	<input type="checkbox"/> Delete
NAME	HICKS, DAVID M.	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMMANDER, CHARLES E III	
STREET ADDRESS	200 LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRCLIFF, ROBERT T.	
STREET ADDRESS	1301 RIVER PLACE BLVD., SUITE 2529	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MEEK, GARY A	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CLEMENTS, ROBERT M	
STREET ADDRESS	8100 NATIONS WAY	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. High **3-1-2004** **904-332-7604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #