

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017681

Entity Name: AMC ACQUISITION, INC.

FILED  
Jul 06, 2005  
Secretary of State

## Current Principal Place of Business:

8100 NATIONS WAY  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2109  
JACKSONVILLE, FL 32232 US

## New Mailing Address:

8100 NATIONS WAY  
JACKSONVILLE, FL 32256 US

FEI Number: 59-3236296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEWTON, RUSSEL B JR  
Address: 111 RIVERSIDE AVE., SUITE 140  
City-St-Zip: JACKSONVILLE, FL 32202

Title: C ( ) Delete  
Name: HICKS, DAVID M.  
Address: 1725 MEMORIAL PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: COMMANDER, CHARLES E III  
Address: 200 LAURA ST.  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: SHIRCLIFF, ROBERT T.  
Address: 1301 RIVER PLACE BLVD., SUITE 2529  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD ( ) Delete  
Name: MEEK, GARY A  
Address: 8100 NATIONS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VSD ( ) Delete  
Name: CLEMENTS, ROBERT M  
Address: 8100 NATIONS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. HAJDA

VS

07/06/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date