

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90140 030 ***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**

11030021



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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
**VANE, TERENCE G JR
8100 NATIONS WAY
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
City **Plantation** FL Zip Code **33324**

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.

James A. Bordonaro
Assistant Secretary

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED** **4/24/03** **(904) 281-6005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)