

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044330 (6)

1. Corporation Name

AM-FLO CORPORATION



Principal Place of Business

Mailing Address

112 W. CITRUS ST.

ALTAMONTE SPRINGS FL 32714-2577

US 3216 FOUNTAIN KEY CIRCLE

112 W. CITRUS ST.

ALTAMONTE SPRINGS FL 32714-2577

US

same

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASSEY, GARY E
112 W. CITRUS ST.
ALTAMONTE SPRINGS FL 32714-2577

81 Name

William F. Poole, IV

82 Street Address (P.O. Box Number is Not Acceptable)

644 W. COLONIAL DR.

83

84 City

Orlando

FL

85 Zip Code

32804

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.

William F. Poole, IV, Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and time of appointment

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWNER/PRESIDENT 06-28-96

DATE

Printed Name

CS 8/19/96

CR2E034 (3/96)