

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # **P94000064385 (5)**

AMERINAM, INC.

500001469935
-05/01/95--01086--011
****200.00 ****200.00

(CHECK ONE BOX IN THIS SPACE)

3. Date incorporated or qualified 08/31/1994	3a. Date of Last Report N/A
4. FFI Number 59 32 69573	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Have corporations been organized and provided for under No. 1043 CFS? Florida Statutes ☐ Yes ☒ No	

2. Principal Office (Mailing Address) 21	2a. Mailing Address 26
22. State, Apt. #, etc. 22	27. State, Apt. #, etc. 27
23. City & State 23	28. City & State 28
24. 24	25. 25
29. 29	30. 30

9. Name and Address of Current Registered Agent MOORE, WILLIAM D 4154 CHELMSFORD ROAD TALLAHASSEE FL 32308		10. Name and Address of New Registered Agent	
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 607.01(2)(b) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both, as 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 aware of the consequences of this appointment as provided in Sections 607.01(2)(b) and 607.1508, Florida Statutes.

SIGNATURE

(Signature of Officer or Director of Corporation)

(Signature of Registered Agent or Agent for Service)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1. NAME PRESIDENT WILLIAM D. MOORE 4154 CHELMSFORD RD TALLAHASSEE, FL 32308	2. NAME	☐ Change	☐ Add
3. NAME	4. NAME	☐ Change	☐ Add
5. NAME	6. NAME	☐ Change	☐ Add
7. NAME	8. NAME	☐ Change	☐ Add
9. NAME	10. NAME	☐ Change	☐ Add
11. NAME	12. NAME	☐ Change	☐ Add
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75. NAME	76. NAME	☐ Change	☐ Add
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91. NAME	92. NAME	☐ Change	☐ Add
93. NAME	94. NAME	☐ Change	☐ Add
95. NAME	96. NAME	☐ Change	☐ Add
97. NAME	98. NAME	☐ Change	☐ Add
99. NAME	100. NAME	☐ Change	☐ Add

14. I, the undersigned, certify that the information required with this filing is, to the best of my knowledge, true and correct, and that I am a duly qualified officer or director of the corporation. I am aware of the consequences of this appointment as provided in Sections 607.01(2)(b) and 607.1508, Florida Statutes, and that any change of information must be filed with the Department of State within 30 days of the change.

SIGNATURE:

William D. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 APRIL 1995

(304)668 3988