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FILED

May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000068805 (8)

1. Corporation Name

ACMG OF FLORIDA, INC.

Principal Place of Business

4250 LAKESIDE DR
SUITE 210
JACKSONVILLE FL 32210
US

Mailing Address

4250 LAKESIDE DR
SUITE 210
JACKSONVILLE FL 32210-3369
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 2570 TECHNICAL DR.

27 Suite, Apt. #, etc.

28 City & State

MIAMISBURG OHIO

29 Zip

45342

30 Country

U.S.

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

04/02/1996

4. FEI Number

59-3284893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

CRAIG STEFFEN

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

13520 PRINCESS KELLY DR

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

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.

SIGNATURE

CRAIG E. STEFFEN

April 20, 1997

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MCVAY, PAUL W
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
DUNCAN, CHARLES
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MARSHALL, LANCE
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
EADS, PEGGY
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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EADS, PEGGY
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
EADS, PEGGY
2750 TECHNICAL DRIVE
MIAMISBURG OH 45342

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHARLES P. DUNCAN

April 20, 1997 937-866-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

032E034 (9/96)