

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90055 039 \*\*\*150.00

DOCUMENT # P94000068805

1. Corporation Name  
ACMG OF FLORIDA, INC.

Principal Place of Business

2570 TECHNICAL DR  
STE 210  
MIAMISBURG OH 45342  
US

Mailing Address

2570 TECHNICAL DR  
SUITE 210  
MIAMISBURG OH 45342  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

59-3284893

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEFFEN, CRAIG  
13520 PRINCESS KELLY DR  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81. Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RO.

83.

84. City

PLANTATION

FL

85. Zip Code

33324

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

*Susan J. Metz*  
Signature, typed or printed name of registered agent and date if applicable

Susan J. Metz

Assistant Secretary

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCVAY, PAUL W  
STREET ADDRESS 2750 TECHNICAL DRIVE  
CITY-ST-ZIP MIAMISBURG OH 45342

TITLE D ☐ DELETE  
NAME DUNCAN, CHARLES  
STREET ADDRESS 2750 TECHNICAL DRIVE  
CITY-ST-ZIP MIAMISBURG OH 45342

TITLE D ☐ DELETE  
NAME EADS, PEGGY  
STREET ADDRESS 2750 TECHNICAL DRIVE  
CITY-ST-ZIP MIAMISBURG OH 45342

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

*Charles P. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99  
Date

937-866-6660  
Daytime Phone #