

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071485 (4)

1. Corporation Name

AMC CONSULTANTS, INC.

Principal Place of Business

12151 FLINTLOCK LANE
FORT MYERS FL 33912

Mailing Address

P.O. BOX 60612
FORT MYERS FL 33906-0612

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/27/1994

3a. Date of Last Report

4. FCI Number

65-0534640

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 has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILLIS, RONALD C
12151 FLINTLOCK LANE
FORT MYERS FL 33912

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 607.0502 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

agent or agent-in-charge of registered agent who is not a corporation (if applicable)

FCI# (Registered Agent corporation required when incorporating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY, ST, ZIP

22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY, ST, ZIP

26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY, ST, ZIP

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY, ST, ZIP

34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY, ST, ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

14. This filer certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(9)(b), Florida Statutes. I further certify that the information included 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. 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 13. If changed, or on an attachment with an address.

SIGNATURE:

Ronald C. Willis

RONALD C. WILLIS Pres.

4/27/95

768-6250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR