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Apr 23 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 # P95000070984 (6)

1. Corporation Name

A & M CONTRACTOR SERVICES, INC.



Principal Place of Business

Mailing Address

2120 BREWSTER CT.
ORLANDO FL 32833

2120 BREWSTER CT.
ORLANDO FL 32833-3724

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

04/01/1996

2. Principal Place of Business

21 2400 Forsyth Rd Ste 104
Suite, Apt. #, etc.

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

4. FEI Number

59-3336166

Applied For

Not Applicable

22 Orlando FL
City & State

27
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 32817
Zip

28
Zip

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Country

29 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEADLEE, JUDY A
6800 S.E. 42ND CT.
OCALA FL 34480

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

P
MEYERS, LARRY J.
2120 BREWSTER CT.
ORLANDO FL

13. ☐ Change ☒ Addition

TITLE

NAME

ADDRESS

STREET

CITY-ST

TITLE

NAME

ADDRESS

STREET

CITY-ST

TITLE

NAME

ADDRESS

STREET

CITY-ST

TITLE

NAME

ADDRESS

STREET

CITY-ST

TITLE

NAME

ADDRESS

STREET

CITY-ST

TITLE

NAME

ADDRESS

STREET

CITY-ST

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32833

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5500 S. Lake Burkett Lane

Winter Park FL 32792

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Office Manager

Anne Meyers

2400 Forsyth Rd, Suite 104

Orlando, FL 32817

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 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

Anne Meyers

3-12-97

407-672-9400

CR2E034 (9/96)