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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: 2120 BREWSTER CT. ORLANDO FL 32833  
Mailing Address: 2120 BREWSTER CT. ORLANDO FL 32833-3724

2. Principal Place of Business 21 2400 Forsyth Rd Ste 104 Suite, Apt. #, etc.	2a. Mailing Address 26 Same	3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report 04/01/1996
22 Orlando FL City & State	27 City & State	4. FEI Number 59-3336166	Applied For Not Applicable
23 32817 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	29 Country	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent HEADLEE, JUDY A 6800 S.E. 42ND CT. OCALA FL 34480		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MEYERS, LARRY J. 2120 BREWSTER CT. ORLANDO FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
ADDRESS		1.3 STREET ADDRESS	
STREET		1.4 CITY - ST - ZIP	32833
CITY - ST - ZIP	V ALLEN, SCOTT 345 RINGWOOD CIR. WINTER SPRINGS FL 32708	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	5500 S. Lake Burkett Lane
ADDRESS		2.4 CITY - ST - ZIP	Winter Park FL 32792
STREET		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY - ST - ZIP	Office Manager Anne Meyers 2120 Brewster Court Orlando, FL. 32833	3.2 NAME	
TITLE		3.3 STREET ADDRESS	2400 Forsyth Rd, Suite 104
NAME		3.4 CITY - ST - ZIP	Orlando, FL. 32817
ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET		4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		5.2 NAME	
STREET		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
ADDRESS		6.3 STREET ADDRESS	
STREET		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.

SIGNATURE: *Rabbit M...* DATE: 3-12-97 407-672-0400

CR2E034 (9/96)