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Apr 22 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 # P95000080660 (0)

1. Corporation Name
AMTECH CORPORATION



Principal Place of Business
200 W. FORSYTH ST., STE. 1730
JACKSONVILLE FL 32202

Mailing Address
200 W. FORSYTH ST., STE. 1730
JACKSONVILLE FL 32202-4359

3. Date Incorporated or Qualified 10/20/1995
3a. Date of Last Report 04/30/1996

2. Principal Place of Business
21 141 SAM SMITH CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address
26 141 SAM SMITH CIRCLE
Suite, Apt. #, etc.

4. FEI Number 59-3339609
Applied For
Not Applicable

22 City & State
23 CRAWFORDVILLE, FL

27 City & State
28 CRAWFORDVILLE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32327
25 Country U.S.A.

29 Zip 32327
30 Country U.S.A.

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

DRAUGHON, RICHARD S
200 W. FORSYTH ST., STE. 1730
JACKSONVILLE FL 32202

81 Name Aubrey F. Moretz
82 Street Address (P.O. Box Number is Not Acceptable)
141 SAM SMITH CIRCLE
83
84 City CRAWFORDVILLE FL 85 Zip Code 32327

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 Aubrey F. Moretz Aubrey F. Moretz President 3/24/97
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MORETZ, AUBREY
STREET ADDRESS 200 W. FORSYTH ST., STE. 1730
CITY-ST-ZIP JACKSONVILLE FL
TITLE VPST ☐ DELETE
NAME MORETZ, LEAH
STREET ADDRESS 200 W FORSYTH ST STE 1730
CITY-ST-ZIP JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Aubrey F. Moretz Aubrey F. Moretz President 3/24/97
Date Daytime Phone

CR2E034 (9/96)