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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90067 045 ***150.00

(11/98)

CR2E034

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096621

1. Corporation Name

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

AMPS HOLDING COMPANY, INC.

Mailing Address Principal Place of Business 4223 CAPITAL CIRCLE, N.\V. 4223 CAPITA_ CIRCLE. N.W. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3453260 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Art. #, etc. 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 Nav Be Trust F and Contribution Added to Fees 23 28 Country Country Zip Zip 8. This corporation owes the current year Intangible ₽]No 25 □Yes 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SHELFER, JAMES O 82 Street Ad fress (P.O. Box Number is Not Acceptable) 13:00 THOMASWOOD DRIVE TALLAHASSEE FL 32312 83 85 Zip Ccde 84 City 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 or 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 reinstating) ADDITIC NS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 11TITLE TITLE MAYFIELD, EMORY L. 1.2 NAME NAME **4228 CAPITAL CIRCLE NW** 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 2.1 TITLE ☐ Change TITLE MAYFIELD, CATHERINE 2.2 NAME NAME 4223 CAPITAL CIRCLE NW 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORE IS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change тіπ є 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRE IS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE

62 NAME

14. I hereb / 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 recuired 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP