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FILED

Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000015139 (3)

1. Corporation Name

AMAGANSETT ENTERPRISES CORP.



Principal Place of Business

Mailing Address

2704 BRIARPATCH DRIVE  
VALRICO FL 33594

POST OFFICE BOX 1505  
LAKELAND FL 33802-1505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

59-3427834

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 1505

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Lakeland, FL

28 City & State

29 City & State

24 Zip

33802-1505

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

AMERLAWYER CHARTERED  
849 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROY D. THORNTON

82 Street Address (P.O. Box Number is Not Acceptable)

640 HOWARD AVE.

83

84 City LAKELAND

FL

85 Zip Code

33815

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 ROY D. THORNTON - PRESIDENT

ROY D. Thornton

3-16-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME THORNTON, ROY D  
STREET ADDRESS 2704 BRIARPATCH DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE STD ☒ DELETE

NAME THORNTON, GARY J  
STREET ADDRESS 2704 BRIARPATCH DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE VD ☒ DELETE

NAME MAYEAUX, JEAN-MICHAEL  
STREET ADDRESS 2704 BRIARPATCH DRIVE  
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME THORNTON, ROY D.  
1.3 STREET ADDRESS 640 HOWARD AVE.  
1.4 CITY-ST-ZIP LAKELAND, FL. 33815

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 VD ☐ Change ☒ Addition

4.2 NAME Teri L. Creel  
4.3 STREET ADDRESS 4031 Conway Pl. Cir.  
4.4 CITY-ST-ZIP Orlando, FL 32812

5.1 TITLE STD ☐ Change ☒ Addition

5.2 NAME Rose Marie Thornton  
5.3 STREET ADDRESS 640 HOWARD AVE.  
5.4 CITY-ST-ZIP Lakeland, FL 33815

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 ROY D. THORNTON (ROY D. THORNTON) PRES 3-16-98

CR2E034 (10/97)