FILE NOW: FILING FEE AFTER MAL

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000040416 (4)

AMBER-LANCE, INC.

FILED Mar 26 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
8121 LILLIAN	₩Y # 32-	8121 LILLIAN HWY 🚜 🖰	32			
PENSACOLA	FL 32506	PENSACOLA FL 32506	_			DO NOT WOLTE IN THIS ODAO!
						DO NOT WRITE IN THIS SPACE
,						3. Date Incorporated or Qualified 05/02/1997
2. Principal P	2a. Mailing Address	no Address			4. FEI Number Applied For	
21	, and an analysis	26				59-344-1361 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$9.75 Additional
22			27			5. Certificate of Status Desired Fee Regulard
City & Stat	θ	City & State				6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Co	Country		8. This corporation owes or has pald the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
	apson, beth a			81	Name	
8121 LILUAN HWY 🗯 性3つ.				82 Street Address (P.O. Box Number is Not Acceptable)		
PEI	NSACOLA FL 32506					, , , , , , , , , , , , , , , , , , , ,
	•			83		
	,			84	City	85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050; egistered egent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statuti of Florida. Such change was a tions of, Section 607.0505, Flo	es, the a authorize orida Sta	tbove ed by itutes.	-named corp the corpora	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, type d or printed name of registered ages				t signatura requi	ired when reinstating) DATE
12.	OFFICERS AND	DELETE	13. 1.1 T		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PLEASANT, PATRICIA E	otter		1.2 NAME		Citalige Ci Addition
NAME	ANA ODANICH MOCO DD					i de la companya de
STREET ADDRESS	PENSACOLA FL 32506				ADDRESS	
CITY-ST-ZIP TITLE	1	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, BETH A	בין טבננונ				Onenge rounder
STREET ADDRESS	8121 LILLIAN HWY., #32		2.2 NAME 2.3 Street address		nearce	
	PENSACOLA FL 32506			CITY-ST		
CITY-ST-ZIP TITLE	1	☐ DELETE	2.40 3.1 T		1 - ZIP	☐ Change ☐ Addition
NAME		<u></u>	32 N		٠	C Otalia
STREET ADDRESS					NDDRESS	
CITY-ST-ZIP				CITY-ST		
TITLE		☐ DELETE	4.1 T		-M	Change Addition
NAME		_ ···	4.21			— · — ·
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			•	ITY-ST	- 1	
TITLE		DELETE	5.1 T			Change Addition
NAME			5.2 N			
STREET ADDRESS			- 6		DDRESS	
CITY-ST-ZIP				ITY-ST		
TITLE		☐ DELETE	6.1 T		- 411	☐ Change ☐ Addition
NAME			6.2 N			C Ammile
STREET ADDRESS					ODRESS	
STUCKLI MUNUCSS			0.3 3	HEELA	IDDHE33	Service Control of the Control of th

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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effective or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.

Block 12 or Block 13 if changed or on an attachment with an