

09071999-90010-036-\$550.00-\$550.00

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90010 036 \*\*\*550.00

ON \_\_\_\_\_  
COUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000011086**

Corporation Name  
**AMPA FINANCIAL COMPANY, INC.**

\* 6 619616-90003-37



Principal Place of Business  
E PLAZA DRIVE  
HASSEE FL 32308

Mailing Address  
P O BOX 13651  
TALLAHASSEE FL 32317-3651

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/02/1998</b>		4. FEI Number <b>59-3490255</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

1a. Principal Place of Business <b>414 E. Plaza Drive</b>	2a. Mailing Address <b>Same</b>
1b. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
1c. City & State <b>Tallahassee, FL</b>	2c. City & State
1d. Country <b>Leon</b>	2d. Country
1e. Zip <b>32308</b>	2e. Zip <b>32308</b>

**9. Name and Address of Current Registered Agent**

**COOPER, CHARLES L JR**  
**2414 E PLAZA DRIVE**  
**TALLAHASSEE FL 32308**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS -ZIP	<b>PRESIDENT</b> Stephen F. Been 2414 E. Plaza Drive Tallahassee, Florida 32308 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<b>V.P. PRESIDENT</b> Stephen R. Been 2414 E. Plaza Drive Tallahassee, Florida 32308 <input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 dictated 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **8/31/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/89)