


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90003 020 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000050293

1. Corporation Name
AMACHE INC.

Principal Place of Business
10035 COUNTY HIGHWAY 316
FORT MCCOY FL 32134

Mailing Address
10035 COUNTY HIGHWAY 316
FORT MCCOY FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1998

2. Principal Place of Business 21 1107 SE Silver Springs Blvd Suite, Apt. #, etc. 22 Unit 1 City & State 23 Ocala, FL Zip 24 34470	2a. Mailing Address 26 1107 SE Silver Springs Blvd Suite, Apt. #, etc. 27 Unit 1 City & State 28 Ocala FL Zip 29 34470	4. FEI Number 59-3521662 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

SCHOLES, JAMES M
10035 COUNTY HIGHWAY 316
FORT MCCOY FL 32134

10. Name and Address of New Registered Agent

81 Name
SCHOLES, JAMES M
82 Street Address (P.O. Box Number is Not Acceptable)
20 Cedar Circle
83
84 City
Ocala FL
85 Zip Code
34472

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 *James M. Scholes* JAMES M. SCHOLES, PRESIDENT 8/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLES, JAMES M	1.2 NAME	SCHOLES, JAMES M
STREET ADDRESS	P.O. BOX 425 N/A	1.3 STREET ADDRESS	20 Cedar Circle
CITY-ST-ZIP	FORT MCCOY FL 32134	1.4 CITY-ST-ZIP	Ocala, FL 34472
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SCHOLES, LANFORD J
STREET ADDRESS		2.3 STREET ADDRESS	PO BOX 784
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SCHOLES, DEBORAH C
STREET ADDRESS		3.3 STREET ADDRESS	PO BOX 784
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT MCCOY FL 32134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *James M. Scholes* SIGNATURE: *Deborah C. Scholes* DEBORAH C. SCHOLES 8/30/99 369-4405 (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)