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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000077145**1. Corporation Name

A.M. TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address	''
P.O. BOX 15094	P.O. BOX 15094	
RROOKSVILLE EL 34609	BROOKSVILLE EL 34609	

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90131 023 \*\*\*150.00



ROOKSVILLE		BROOK\$VILLE FL 34609		
MOONOTILL	1 2 04000	DIOCHARLE I E 04000		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				09/04/1998
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
.!		26	~ <del>~</del> -	59-353209U Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional
.1		27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State	<del></del>	6. Election Campaign Financing S5.00 May Be
.]	-	28		Trust Fund Contribution Added to Fees
`; Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
1	25		30	Personal Property Tax.
*	9. Name and Address of Currer	<u></u>	30]	10. Name and Address of New Registered Agent
	5. Name and Address of Curren	it itegistored Agent	81 Name	
MAR	ITIN, PAUL C			Cynthia L. Williams
	S ALTOONA AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)
177	ING HILL FL 34609			1055 MITOURIN MYELLUC
OFF	ING THEE PE 34005		83	
			84 City	2 0 - 1 - 0 1 - 1 - 1 85 Zip Code
			' 5	SUCING MILL FL 1241004
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
office or r	registered agent, or both, in the State	of Florida. Such change was au itions of Section 607.0505. Flori	thorized by the corp ida Statutes	oration's board of directors. I hereby accept the appointment as registered
	A. H. A. P. I. I	11.0 0.0	ou clarates.	3-2-99 DATE
SIGNATURE	Signature typed or printed name of registered agei	nt and title if applicable (NOTE:	Registered Agent signature	required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
rme _	PD	☐ DELETE	1.1 TITLE	Vice President V Change Addition
VAME	DILLMAN, ARTHUR		1.2 NAME	Arthur Diliman
	DO DOY 45004 NIA		1.3 STREET ADDRESS	0 0 BW 157154
STREET ADDRESS				20,000 100 1 34/009
CITY-ST-ZIP	BROOKSVILLE FL 34609	Non-	1.4 CITY-ST-ZIP	Change Dresident SITDP Change Addition
TITLE	STD	DELETÉ	2.1 TITLE	Brooksville, FL 34609 Cynthia L. Williams P.O. BCK 15094
NAME	MARTIN, PAUL C		2.2 NAME	Cynthia L. William
STREET ADDRESS	P.O. BOX 15094 N/A		2.3 STREET ADDRESS	P.O. BOX 15094
CITY-ST-ZIP	BROOKSVILLE FL 34609		2.4 CITY-ST-ZIP	I POPODES VIIIE FL DYOU I
TITLE .		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	j		3.3 STREET ADDRESS	
			3.4. CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	Change Addition
		_ 5555.5		
NAME			4. 2 NAME	
STREET ADDRESS	1		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Character C Addition
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	·
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	i -	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio
NAME		_	6.2 NAME	
			63 STREET ADDRESS	
STREET ADDRESS	1		EACITY OF 7ID	

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)