

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S46713** (1)

1. Corporation Name

AMERICAN MADE CONTRACTORS, INC.

Principal Place of Business

**401 SOLAZ AVENUE
PORT ST. LUCIE FL 34983
US**

Mailing Address

**401 SOLAZ AVENUE
PORT ST. LUCIE FL 34983
US**

APPROVED
AND
FILED

55 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification **04/18/1991** 3a. Date of Last Report **07/22/1994**

4. FEI Number **65-0266572** 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 has liability for intentional torts under S. 190.002, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**BRENT RAY
401 SOLAZ AVENUE
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 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 hereby withdrawing my acceptance of the appointment as registered agent under Section 607.0605, Florida Statutes.

SIGNATURE *Brent Ray* **BRENT RAY**

4/24/95

12. OFFICERS AND DIRECTORS

1. NAME **SDV RAY, BRENT**
2. STREET ADDRESS **401 SOLAZ AVENUE**
3. CITY, STATE, ZIP **PORT ST. LUCIE FL**

1. NAME **VTD RAY, BRENT**
2. STREET ADDRESS **401 Solaz Ave**
3. CITY, STATE, ZIP **Port St. Lucie, FL**

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

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3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:

1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS
3. CITY, STATE, ZIP

1. NAME ☐ Change ☐ Addition
2. STREET ADDRESS
3. CITY, STATE, ZIP

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2. STREET ADDRESS
3. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, to the best of my knowledge and belief, the information is true and accurate and that my signature shall have the same legal effect as if it were made by the person whose name is on the filing. I am not a director, officer, or agent of the corporation and I am not a shareholder of the corporation. I am not a partner in the corporation. I am not a person who has a financial interest in the corporation. I am not a person who has a personal or business relationship with the corporation. I am not a person who has a personal or business relationship with the corporation. I am not a person who has a personal or business relationship with the corporation.

SIGNATURE: *Brent Ray* **BRENT RAY**

4/24/95 (107) 340-5680