## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP -8 - AM - 8: 1/15 DOCUMENT # - SECRETARY OF ST<mark>ATE</mark> TALLAHASSEE FLOR**IDA** (1)S46713 AMERICAN MADE CONTRACTORS, INC. Principal Place of Business Mailing Address 734 CHALOUBE AVE 734 CHALOUDE AVE Chaloupe PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1991 08/22/1996 Principal Place of Business 26. Mailing Address Applied For 65-0266572 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible ☐ No Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAY, BRENT ChALOUPE 734 CHALOUDE AVE 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE FL 34983 83 84 Zip Code 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 at the purpose of changing its registered agent. I am at the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am at the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its registered agent. I am at the purpose of changing its regis agent. I am SIGNATURE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFF CORS AND DIRECTORS 13. DELETE Change Addition TITLE SDV 1.1 TITLE RAY, BRENT NAME 1.2 NAME 60002289656---1 734 CHALOUDE AVE STREET ADDRESS 1.3 STREET ADDRESS -09/10/97--01091---021 <u>Port St. Lucie Fi</u> CITY-ST-ZIE 1.4 CITY-ST-ZIP DELETE TITLE VTD 2.1 TITLE NAME RAY, BRENT 2.2 NAME 734 CHALOUDE AVE STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP PORT ST LUCIE FL 2 4 CHY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE ☐ DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 reserver 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.

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TO WHOM IT MAY CONCERN:

I HAVE NEVER RECEIVED ANY NOTICE FOR THIS FILING FEE.

APPERANTLY IT NEVER CAME BECAUSE THE STREET ADDRESS WAS SPELLED WRONG.

THEY SENT IT TO 734 CHALOUDE AVE.

My ADDRESS IS 734 CHALOUPE AUE.

I HAVE JUST RECEIVED THIS NOTICE

I CALLED THE NUMBER ON THE NOTICE

TALKED TO ALADY. SHE SAID, SEND IN 165,00

and A LETTER EXPLAINING THE

SITUATION.

THANK YOU

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