FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:06

DOCUMENT # S94827 (0)

1. Corporation Name
ARCHIVES MANAGEMENT CENTERS OF MARTIN COUNTY, INC.

Principal Place of Business	Mailing Address
735 SE MONTEREY RD SUITE 7 STUART FL 34994	735 SE MONTEREY RD SUITE 7 STUART FL 34994

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 3209 SW 42nd AVE.
22 Suite, Apt. #, etc.
23 City & State: PALM CITY FL
24 Zip: 34990
25 Country

2a. Mailing Address
26 3209 SW 42nd AVE
27 Suite, Apt. #, etc.
28 City & State: PALM CITY FL
29 Zip: 34990
30 Country

4. FEI Number: 65-0300008 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POSTON, DALE A
735 SE MONTEREY RD
SUITE 7
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3209 SW 42nd AVE.
83
84 City: PALM CITY FL 85 Zip Code: 34990

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: DALE A. POSTON Dale A. Poston 4/1/95
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	P	1.1 TITLE	PRESIDENT	X Change ☐ Addition
NAME	POSTON, DALE A	1.2 NAME	JAMES R. PYNE	
STREET ADDRESS	735 SE MONTEREY RD	1.3 STREET ADDRESS	3209 SW 42nd AVE	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	2.1 TITLE	VICE PRESIDENT	X Change ☐ Addition
NAME	PYNE, JAMES R	2.2 NAME	DALE A. POSTON	
STREET ADDRESS	735 SE MONTEREY RD	2.3 STREET ADDRESS	3209 SW 42nd AVENUE	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ST	3.1 TITLE	SECRETARY	X Change ☐ Addition
NAME	POSTON, DALE A	3.2 NAME	MARGARET S. CLAYTON	
STREET ADDRESS	735 SE MONTEREY RD	3.3 STREET ADDRESS	3209 SW 42nd AVENUE	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 filing is voluntarily furnished and 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.

SIGNATURE: Dale A. Poston DALE A. POSTON 4/5/95 (407) 220-4820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0361006 CP