

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S99460

(5)

1. Corporation Name

AMOS, HUNT & ASSOCIATES, INC.

Principal Place of Business

231 FLAME AVE  
MATLAND FL 32754  
408

Mailing Address

639 VERAILLES DR STE 100  
BOX 848134  
MATLAND FL 32753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1991

3a. Date of Last Report

03/07/1994

4. FEI Number

59-3097491

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under S. 199.002,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1975 W. Fairbanks Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 1132 Symonds Avenue  
Suite, Apt. #, etc.

22 City & State

23 Winter Park, FL  
Zip Country

27 City & State

28 Winter Park, FL  
Zip Country

24 32789  
25 USA

29 32789  
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILDER, CHARLES D  
509 VERAILLES DR STE 100  
MATLAND FL 32754

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1132 Symonds Avenue

83

84 City Winter Park

FL

85 Zip Code 32789

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

|                |                  |
|----------------|------------------|
| TITLE          | DPT              |
| NAME           | AMOS, J. WENDELL |
| STREET ADDRESS | 231 FLAME AVE    |
| CITY ST ZIP    | MATLAND FL       |
| TITLE          | DVS              |
| NAME           | HUNT, JANICE L.  |
| STREET ADDRESS | 231 FLAME AVE    |
| CITY ST ZIP    | MATLAND FL       |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY ST ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY ST ZIP    |                  |
| TITLE          |                  |
| NAME           |                  |
| STREET ADDRESS |                  |
| CITY ST ZIP    |                  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY ST ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 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)(k), Florida Statutes. I further certify that the information indicated on the 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24-95 407-644-1567  
Date (signature if desired)