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

APPROVED AND FILED

95 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13250 (8)

1. Corporation Name

AMM CORPORATION

Principal Place of Business	Mailing Address
441 PINELLAS WAY SOUTH ST. PETERSBURG FL 33707	441 PINELLAS WAY SOUTH ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 6310 22ND AVE N
22: Suite, Apt. #, etc.: 1
23: City & State: ST. PETERSBURG, FL
24: Zip: 33710
25: County: PINELLAS

2a. Mailing Address
26: 6310 22ND AVE N
27: Suite, Apt. #, etc.:
28: City & State: ST. PETERSBURG FL
29: Zip: 33710
30: County: PINELLAS

4. FEI Number: 59-3113763 ☐ 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 files/is liable for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRISON, LEE E
6311 HAMPTON DR N
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6310 22ND AVE N
83:
84 City: ST PETERSBURG FL 85 Zip Code: 33710

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 required (printed name of registered agent and title, if applicable)) _____ (NOTE: Registered Agent signature required in all circumstances) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MORRISON, E. LEE	12 NAME	
STREET ADDRESS	441 PINELLAS WAY SOUTH	13 STREET ADDRESS	6310 22ND AVE N
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MORRISON, AGNES M.	22 NAME	
STREET ADDRESS	441 PINELLAS WAY SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate 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 1 or Block 11 above or on an attachment with an address.

SIGNATURE: [signature] President 4/28/95 813 381 1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306022 CP