

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

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95 MAY -1 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V13250	(8)
1. Corporation Name AMM CORPORATION	

Principal Place of Business 441 PINELLAS WAY SOUTH ST. PETERSBURG FL 33707	Mailing Address 441 PINELLAS WAY SOUTH ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

2. Filing Date 02/11/1992		3a. Date of Last Report 04/18/1994	
4. FFI 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	
7. This corporation files annually for interstate tax under 21, 1992 C-32. Florida Statutes ☒ Yes ☐ No			

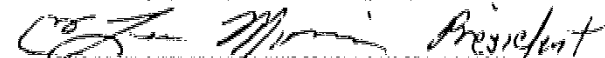
9. Name and Address of Current Registered Agent MORRISON, LEE E 6311 HAMPTON DR N ST PETERSBURG FL 33710		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6310 22ND AVE N 83 84 City ST PETERSBURG FL 85 Zip Code 33710	
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11. 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 of the person named in the statement of the corporation as the registered agent or the person named in the statement of the corporation as the registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME D MORRISON, E. LEE 12.2 STREET ADDRESS 441 PINELLAS WAY SOUTH 12.3 CITY, ST. ZIP ST. PETERSBURG FL	13.1 TITLE ☒ Change ☐ Addition	13.2 NAME 13.3 STREET ADDRESS 6310 22ND AVE N 13.4 CITY, ST. ZIP ST. PETERSBURG, FL 33710	☐ Change ☐ Addition
12.5 NAME MORRISON, AGNES M. 12.6 STREET ADDRESS 441 PINELLAS WAY SOUTH 12.7 CITY, ST. ZIP ST. PETERSBURG FL	13.5 TITLE ☐ Change ☐ Addition	13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST. ZIP	☐ Change ☐ Addition
12.9 NAME 12.10 STREET ADDRESS 12.11 CITY, ST. ZIP	13.9 TITLE ☐ Change ☐ Addition	13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST. ZIP	☐ Change ☐ Addition
12.13 NAME 12.14 STREET ADDRESS 12.15 CITY, ST. ZIP	13.13 TITLE ☐ Change ☐ Addition	13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST. ZIP	☐ Change ☐ Addition
12.17 NAME 12.18 STREET ADDRESS 12.19 CITY, ST. ZIP	13.17 TITLE ☐ Change ☐ Addition	13.18 NAME 13.19 STREET ADDRESS 13.20 CITY, ST. ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included in 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 of this filing, or on an attachment with an address.

SIGNATURE:  President 14/28/95 873 381 1418
Date