Applied For

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V64759**

1. Corporation Name

AMY PRODUCTS, INC.

2. Principal Place of Business

		1) ote
Principal Place of Business	Mailing Address	No.
6733 DONERAIL TR TALLAHASSEE FL 32308 US	2905 BAYSHORD OF TALLMASSEE FL 2308	Charge

26

2a. Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90173 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/17/1992

59-3142839

4. FEI Number

City & State Trus Fund Contribution 3. Name and Address of Current Registered Agent REARNEY, JOANN 6733 DONERAL TR TALLAHASSEE FL 11. Pursuant to the provisions of Sections 607.0502 any 607.1508, Florida Statutes, the above-named corporation submits into statement for the purpose of changing lis registered office or registered agent. I am inflamental management of the purpose of changing lis registered office or registered agent and management and provisions of Sections 607.0502 any 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent. I am inflamental management and provisions of Sections 607.0502 any 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered office or registered agent. I am inflamental management and provisions of Sections 607.0502 any 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the application of the purpose of changing lis registered office or registered agent. I am inflamental management and statutes, the above-named corporation's board of directors. I hereby accept the application of the purpose of changing lis registered office or registered agent. I am inflamental management and provision of the purpose of changing lis registered agent. I am inflamental management and provisions of the purpose of changing lis registered agent. I am inflamental management and provisions of the purpose of changing lis registered agent. I am inflamental management and accept the application of directors. I hereby accept the application of directors. I hereby accept the application of the purpose of changing list registered agent. I am inflamental management and accept the application of the purpose of changing list registered agent. I am inflament and accept the purpose of changing list	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Fee Rec	
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9. Name and Address of Current Registered Agent 10. Reme and Address of New Registered Agent		Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Inta	1 -2	
KEARNEY, JOANN 6733 DONERAIL TR TALLAHASSEE FL 32308 82 Street Address (P.O. Box Number is Not Acceptable) 83	24	25	29	30	,				C3	∐No
KEARNEY, JOANN 6733 DONERAIL TR TALLAHASSEE FL 32308 82 Street Address (P.O. Box Number is Not Acceptable) 83 A City FL 85 Zxp Code 11. Pursuant to the provisions of Sections 607.0502 and/607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Aginery into an agreet the emiliphies of Section 607.0502, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Aginery into an agreet the emiliphies of Section 607.0503, Florida Statuties SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 13. TITLE 13. TITLE 13. TITLE 13. TALLAHASSEE FL 14. TITLE 13. TITLE 13. TALLAHASSEE FL 14. TITLE 13. TITLE 13. TALLAHASSEE FL 14. TITLE 14. TALLAHASSEE FL 14. TITLE 15. TALLAHASSEE FL 16. TALLAHASSEE FL 17. TALLAHASSEE FL 18. TALLAHASSEE FL 19. TALLAHASSEE FL		9. Name and Address of Current	Registered Agent		04	Mari	10. Name and Address of New R	egistered"/	gent	_
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### Addition ##					93					
TI. 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 agent, or both, in the State of Brokes, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the appointment as registered agent, and accept the appointment as registered agent agent. I am purpose or private agent age		Dark Coole i E ocooo	• •	•	**	5 ° 46	·	•	,	
11. Pursuant to the provisions of Sections 607 0502 and/807 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in this State of provide or the provision of the purpose of changing its registered office or registered agont, or both, in this State of provide or provided provided agont, in the state of provided pro	ı				84	City		FL	85 Zip C	ode
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SIGNATURE	office or I	registered agent, or both, in the State of	of Florida, Such change was	authorized	by t	the corporation	n's board of directors. I hereby accep	t the appoin	tment as reg	istered
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TITLE	SIGNATURE	Signature, typed or printed name a constered agent	and title if applicable (HC	TE: Registered	Agent	signature required			· ·	1 77
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14. I hereby certify that the information supplied with this filing 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 income and the same legal effect as if made under oath; that I am an income and the same legal effect as if made under oath; that I am an income and the same legal effect as if made under oath; that I am an income and the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if made under oath; that I am an income of the same legal effect as if the same legal	the set of the set of	l an iĥin noment repeat ar armalamantal	appual report is true and as	courate and	that	my cianatura	chall have the came legal effect as if	made linde	roain: inai i	am an
indicated on this annual report of supplimental annual report is the and actuate and that my significant 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	officer or	director of the corporation or the receiv	ver or trustee ephoowered to	o execute ti	nts re	eport as requir	ed by Chapter 607, Florida Statutes;	and that my	name appe	arş in