

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 526352

**Entity Name:** AMJ GROUP INC

**Current Principal Place of Business:**

502 NW 16TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1724664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WARREN, MICHAEL E  
502 NW 16TH AVENUE  
GAINESVILLE, FL 32601 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name WARREN, PHYLLIS P  
Address 502 NW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title PD  
Name WARREN, MICHAEL E  
Address 502 NW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title V  
Name BUCHANAN, SCOTT  
Address 502 NW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title S  
Name WARREN, PHYLLIS P  
Address 502 NW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name LYONS, ANTHONY  
Address 502 NW 16TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL E. WARREN

**OFFICER**

**04/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date