2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000090150

Entity Name: AMMCON FLORIDA, INC.

____,

Current Principal Place of Business:

1503 CO RD 315

GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

C/O CHARLOTTE GAITHER PO BOX 890 NORHT PLAINS, OR 97133 US

FEI Number: 83-2740942 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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

FILED May 02, 2019

Secretary of State

9915778457CC

Officer/Director Detail:

Title PRESIDENT / SECRETARY /

DIRECTOR

Name GROW, DARRELL G

Address C/O CHARLOTTE GAITHER

PO BOX 890

City-State-Zip: NORHT PLAINS OR 97133

SIGNATURE: DARRELL GROW

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.

Electronic Signature of Signing Officer/Director Detail

COO

05/02/2019 Date