

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 284226 (8)**

1. Corporation Name  
**FCUL SERVICE GROUP, INC.**



Principal Place of Business <b>3773 COMMONWEALTH BLVD.                  P O BOX 3108                  TALLAHASSEE FL 32315-0108</b>	Mailing Address <b>3773 COMMONWEALTH BLVD.                  P O BOX 3108                  TALLAHASSEE FL 32315-0108</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/13/1964</b>	
21		26		4. FEI Number <b>59-1086132</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HOOD, GUY M.                  3773 COMMONWEALTH BLVD.                  TALLAHASSEE FL 32303</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SP <input type="checkbox"/> DELETE	1.1 TITLE	<b>SO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORETY, TOM</b>	1.2 NAME	
STREET ADDRESS	<b>6801 E. HILLSBOROUGH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROMER, RAY</b>	2.2 NAME	
STREET ADDRESS	<b>440 NORTH MONROE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOD, GUY M.</b>	3.2 NAME	
STREET ADDRESS	<b>3773 COMMONWEALTH BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	CO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DOMINICK, ANTHONY</b>	4.2 NAME	<b>CO</b>
STREET ADDRESS	<b>10000 BAY PINES BLVD.</b>	4.3 STREET ADDRESS	<b>Randall J. Mims</b>
CITY-ST-ZIP	<b>BAY PINES FL</b>	4.4 CITY-ST-ZIP	<b>1530 Metropolitan Blvd. Tallahassee, Fl. 32308</b>
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ATHEARN, DON</b>	5.2 NAME	
STREET ADDRESS	<b>2526 NW 63RD TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 if changed, or on an attachment with an address.

SIGNATURE: *Guy M. Hood* 2-19-98 576-8171

CR2E034 (10/97)