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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 481662

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90093 006 ***150.00

FUICH	PHOPERTIES, INC.										
Principal Plac	e of Business	Mailing Address					1440 CALIF 100 CALIF	1811 BIBLI V II			
		3002 N. CHARLIE TAYLO	R ROAD								
3002 N. CHARLIE TAYLOR ROAD 9002 N. CHARLIE TAYLOR RC PLANT CITY FL 33565 PLANT CITY FL 33565						1					
TENNY ON THE SOCIO							WRITE IN THIS	SPACE			
						3. Date incorporated or Qua	ilifed				
						08/04/1975		 -	·		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		—	Applied For		
21		26			59-1616054		Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desir	ed 🗌		5 Additional Required		
22		27				 					
City & Stat	e	City & State				6. Election Campaign Finan	cing 🗆	•	May Be		
23		28	Cou	ntn.		Trust Fund Contribution			id to rees		
Zip	Country	Zip	$\overline{}$	iiiu y		This corporation owes the Personal Property Tax.	e current year in	angible ∐Yes	□No		
24	25 9. Name and Address of Curren	29	30	Π-	-	10. Name and Address of N	lew Registered				
	9. Name and Address of Current	Ragisterau Agent		81	Name	10. Isamo una Address es					
FUT	CH, ALVIN C.										
	2 N. CHARLIE TAYLOR ROAD			82	Street	Address (P.O. Box Number is Not Ad	cceptable)				
	NT CITY FL 33566			83			_				
				"							
				84	City		FL	85 Z	ip Code		
agent. I a	m familiar with, and accept the obligation familiar with, and accept the obligation familiar with fa					equired when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO	O OFFICERS AN				
TITLE	PS	☐ DELETE	1 1 Tr	TLE				™ Chang	ge		
NAME	FUTCH, ALVIN C		1.2 N/	NAME		1 05 4-21	TAULAN	D.,			
STREET ADDRESS	RT 7 BOX 6000		I.3 3 IRLE I ADDICESO -		ADORESS		3002 N.Charlie TaylorRd.				
CITY-ST-ZIP	PLANT CITY FL			1.4 CiTY-ST-ZIP		PLANT CITY, FL 3	3565				
TITLE	VP	☐ DELETE	2.1 TT	TLE				Chang	ge 🔲 Addition		
NAME	FUTCH, MARY JO	FUTCH, MARY JO		NAME					<u> </u>		
STREET ADDRESS	3002 N CHARLIE TAYLOR ROA	AD O	2.3 \$1	TREET	ADORESS						
CITY-ST-ZIP	PLANT CITY FL		2.4 C		. 710						
TITLE	PS			11Y-5	I-ZIP						
NAME	FUTCH, ALVIN C		3.1 TT		I-ZIP	Doloto This is		Chang	ge Addition		
STREET ADDRESS	FUTCH, ALVIN C	☐ DELETE	3.1 TT	TLE	1-ZIP	Delete- This is	A 01 04 0	G Chan	je Addition		
CITY-ST-ZIP	ARRA MI OLIMBUIE ENVI OR DO		3.2 NA	TLE AME	ADDRESS	Delete- This is duplicate of	Above	P5	je Addition		
TITLE			3.2 NA 3.3 ST	TLE AME	ADDRESS	Delete- This is duplicate of	Above				
***************************************	3002 N CHARLIE TAYLOR ROA		3.2 NA 3.3 ST	TLE AME TREET	ADDRESS	Delete- This is duplicate of	Above	PS Chang			
NAME	3002 N CHARLIE TAYLOR ROA	AD	3.2 NA 3.3 ST 3.4, C	TLE AME TREET ITY-S'	ADDRESS	Delete- This is duplicate of	Above				
	3002 N CHARLIE TAYLOR ROA PLANT CITY FL	AD	3.2 NA 3.3 ST 3.4, C 4.1 TT 4.2 N	TLE TREET TTY-S TLE AME	ADDRESS	Delete- This is duplicate of	Above				
NAME	3002 N CHARLIE TAYLOR ROA PLANT CITY FL	AD	3.2 N/ 3.3 ST 3.4, C 4.1 TT 4.2 N 4.3 ST	TLE TREET TTY-S TLE AME	ADDRESS T-ZIP ADDRESS	Delete- This is duplicate of	Above	☐ Chan	ge Addition		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	3002 N CHARLIE TAYLOR ROAPLANT CITY FL	AD	3.2 NA 3.3 ST 3.4, C 4.1 TT 4. 2 N. 4.3 ST 4.4 CI 5.1 TT 5.2 NA	TLE TREET TTLE AME TREET TY-ST TLE TY-ST TLE	ADDRESS T-ZIP ADDRESS	Delete-This is duplicate of	Above	☐ Chan	ge Addition		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3002 N CHARLIE TAYLOR ROAPLANT CITY FL	DELETE	32 N/ 33 ST 34 C 41 TT 4.2 N 4.3 ST 5.1 TT 5.2 N/ 5.3 ST 5.4 CI	TILE TREET TITY-S' TILE AME TREET TY-SI TILE AME TREET TY-SI TILE TREET TY-SI TILE	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS	Delete-This is duplicate of	Above	☐ Chan	ge Addition		
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14. 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 chapted. On an attachment with an address, with all other like empowered.

SIGNATURE: