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May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **637500** **(0)**

1. Corporation Name
DWAIN FLETCHER COMPANY

Principal Place of Business	Mailing Address
2280 HAMLET DR MELBOURNE FL 32934 US	P O BOX 410039 MELBOURNE FL 32941-039 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/26/1979**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **58-1383991** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

FLETCHER, BILLIE JO
2280 HAMLET DR.
MELBOURNE FL 32934

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 Billie J. Fletcher 29 APR 98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, CARL D.		1.2 NAME	
STREET ADDRESS	2280 HAMLET DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER,BILLIE JO.		2.2 NAME	
STREET ADDRESS	2280 HAMLET DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LONG,JOHN E.		3.2 NAME	
STREET ADDRESS	121 BLUFF VIEW		3.3 STREET ADDRESS	
CITY-ST-ZIP	CASTROVILLE TX		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, MICHAEL D		4.2 NAME	
STREET ADDRESS	4996 PINE LILY COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 Billie J. Fletcher 29 APR 98 407-752-0888

CR2E034 (10/97)