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0014447

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90128 037 ***150.00

DOCUMENT # 637500

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	2a. Mailing Address
21 RR2 Box 322	26 PO BOX 27
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 QUITMAN GA, USA	City & State 28 QUITMAN, GA
Zip 24 31643 Country 25 USA	Zip 29 31643 Country 30 USA

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLETCHER, BILLIE JO ~~2280 HAMLET DR.~~ ~~MELBOURNE FL 32934~~	81 Name: FLETCHER, BILLIE JO 82 Street Address (P.O. Box Number is Not Acceptable): HC 61 BOX 28 83: HIWAY 358 84 City: STEINHATCHEE FL 85 Zip Code: 32359

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: BJ Fletcher BILLIE JO FLETCHER 17MAR 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD FLETCHER, CARL D. 2280 HAMLET DRIVE MELBOURNE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PTD FLETCHER, CARL D. HC 61 BOX 28 HIWAY 358 STEINHATCHEE FL 32359	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS FLETCHER, BILLIE JO. 2280 HAMLET DR MELBOURNE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VS FLETCHER, BILLIE JO HC 61 BOX 28 HIWAY 358 STEINHATCHEE, FL 32359	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LONG, JOHN E. 121 BLUFF VIEW CASTROVILLE TX	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FLETCHER, MICHAEL D 4996 PINE LILY COURT MELBOURNE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Billie JO Fletcher BILLIE JO FLETCHER 17MAR99 912-263-8364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #