

DOCUMENT # N31111

1. Entity Name

F.G.H.A., INC.

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90057 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O ABE SCHESTOPOL  
2004 FOREST GLEN COURT  
TALLAHASSEE FL 32303  
US

P O BOX 3848  
TALLAHASSEE FL 32315-3848  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3129194

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHESTOPOL, ABE  
2004 FOREST GLEN COURT  
TALLAHASSEE FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME DAVIDSON, JON  
STREET ADDRESS 2015 FOREST GLEN COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  Delete  
NAME SCHESTOPOL, ABE  
STREET ADDRESS 2004 FOREST GLEN CT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME BOWERS, JOAN  
STREET ADDRESS 2024 FOREST GLEN COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VVD  Delete  
NAME RUDY, HARRY  
STREET ADDRESS 2022 FOREST GLEN COURT  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00

Date

Daytime Phone #

850 386 8955

CR2E037 (9/99)