


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

**FILED**  
**Feb 18 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
--	---	---

**DOCUMENT # P97000106398 (5)**  
 1. Corporation Name  
**F.C. PLATT, INC.**

Principal Place of Business <b>2200 SIMON ROAD MELBOURNE FL 32904</b>	Mailing Address <b>2200 SIMON ROAD MELBOURNE FL 32904</b>
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/17/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
33		34		35	

4. FEI Number <b>59-3484200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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>CELIO, ALBERT D 976 BREVARD AVENUE SUITE A ROCKLEDGE FL 32955</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		<b>FL</b>	

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	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. Carlyle Platt	1.2 NAME	
STREET ADDRESS	2200 Simon Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32904	1.4 CITY-ST-ZIP	
TITLE	T/S/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janet Platt	2.2 NAME	
STREET ADDRESS	2200 Simon Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32904	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra P. Lovett	3.2 NAME	
STREET ADDRESS	2500 Simon Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32904	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith P. Arnold	4.2 NAME	
STREET ADDRESS	12700 E. Irlo Bronson Hwy	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Cloud, FL 34773	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caryl P. Ungerer	5.2 NAME	
STREET ADDRESS	8063 N.W. 71st Court	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jamarac, FL 33321	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas C. Platt	6.2 NAME	
STREET ADDRESS	3300 Sand Gulley Drive	6.3 STREET ADDRESS	
CITY-ST-ZIP	Melbourne, FL 32904	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 *F. Carlyle Platt* F. Carlyle Platt

CR2E034 (10/97)