

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
• CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H39234** (0)

1. Corporation Name

FORTUNE EQUITY CORPORATION

900001829929
-05/20/96--01058--041
***200.00



Principal Place of Business

C/O BRUCE W. GRIFFIN
16120 US HIGHWAY 19 NORTH
CLEARWATER FL 34624

Mailing Address

P O BOX 11007
ATTN: CORP. TAX
BIRMINGHAM AL 35288
US

3. Date Incorporated or Qualified

01/23/1985

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

4. FEI Number

59-2484683

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, BRUCE
16120 US HWY 19 N
CLEARWATER FL 34624

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

Signature type for printed name of registered agent or director

Signature type for registered agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME BEALL, KYLE R
STREET ADDRESS 16120 US HWY 19 NORTH
CITY-STATE-ZIP CLEARWATER FL ☐ DELETE

1.1 TITLE Vice President
1.2 NAME Kyle R. Beall
1.3 STREET ADDRESS 1900 5th Ave North
1.4 CITY-STATE-ZIP Birmingham, AL 35203 ☒ Change ☐ Addition

TITLE VPS
NAME MERRITT, FLOYD D
STREET ADDRESS 16120 US HWY 19 NORTH
CITY-STATE-ZIP CLEARWATER FL ☒ DELETE

2.1 TITLE President
2.2 NAME Ronald Floyd
2.3 STREET ADDRESS 16120 US Hwy 19 N Suite 135
2.4 CITY-STATE-ZIP Clearwater, FL 34624 ☐ Change ☒ Addition

TITLE TD
NAME GLADYSZ, MARTIN W.
STREET ADDRESS 115 PHILLIPS WAY
CITY-STATE-ZIP PALM HARBOR FL ☒ DELETE

3.1 TITLE Vice President
3.2 NAME John Nicholson
3.3 STREET ADDRESS 1900 5th Ave North
3.4 CITY-STATE-ZIP Birmingham, AL 35203 ☐ Change ☒ Addition

TITLE D
NAME MORAN, JOHN A.
STREET ADDRESS 1550 S OCEAN BLVD
CITY-STATE-ZIP PALM BEACH FL ☒ DELETE

4.1 TITLE Treasurer
4.2 NAME Lynda Kern
4.3 STREET ADDRESS 1901 6th Ave North
4.4 CITY-STATE-ZIP Birmingham, AL 35288 ☐ Change ☒ Addition

TITLE VD
NAME MASON, RAUSEY W.
STREET ADDRESS 12800 VONN RD
CITY-STATE-ZIP LARGO FL ☒ DELETE

5.1 TITLE Asst. Treasurer
5.2 NAME Robert Smith
5.3 STREET ADDRESS 1901 6th Ave North
5.4 CITY-STATE-ZIP Birmingham, AL 35288 ☐ Change ☒ Addition

TITLE D
NAME TORELL, JOHN R. III
STREET ADDRESS 16120 US 19 NORTH
CITY-STATE-ZIP CLEARWATER FL ☒ DELETE

6.1 TITLE Secretary
6.2 NAME Bill Caughran
6.3 STREET ADDRESS 1901 6th Ave North
6.4 CITY-STATE-ZIP Birmingham, AL 35288 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lynda A. Kern* Lynda A. Kern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1996 205-320-7149
DATE DAY, MONTH, YEAR

CR2E034 (12/95)