

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48266** (3)

1. Corporation Name

**FLEET RESERVE ASSOCIATION, BRANCH #91, INC.**



Principal Place of Business <b>5391 COLLINS RD JACKSONVILLE FL 32244</b>	Mailing Address <b>5391 COLLINS RD JACKSONVILLE FL 32244-5305</b>
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3. Date Incorporated or Qualified **04/08/1992** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State <b>23</b>	City & State <b>28</b>
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6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent			
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10. Name and Address of New Registered Agent

**THIES, JAMES R.  
PO BOX 815 - 2223 ASTER ST M-12  
ORANGE PARK FL 32073**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>TAYMAN, WILLIAM III</b>
STREET ADDRESS	<b>5391 COLLINS RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>KERSTING, GARRY</b>
STREET ADDRESS	<b>5391 COLLINS RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>ROBBINS, JAMES JR.</b>
STREET ADDRESS	<b>5391 COLLINS RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>HAYNES, CHARLES</b>
STREET ADDRESS	<b>5391 COLLINS RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>DOWNES, GALE</b>
STREET ADDRESS	<b>5391 COLLINS RD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBBINS, Jr., James E.</b>
1.3 STREET ADDRESS	<b>5391 COLLINS ROAD</b>
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	vd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RICHTER, CHRISTOPHER J.</b>
2.3 STREET ADDRESS	<b>5391 COLLINS RD., JACKSONVILLE, FL</b>
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>RICHTER, TODD</b>
3.3 STREET ADDRESS	<b>5391 COLLINS RD</b>
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HAYNES, CHARLES</b>
4.3 STREET ADDRESS	<b>5391 COLLINS RD</b>
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>RIGGINS, WILLIAM G.</b>
5.3 STREET ADDRESS	<b>5391 COLLINS RD</b>
5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: **JAMES E. ROBBINS** REQUIRED

2/22/97 904-2692136  
Date Daytime Phone # 0006518

CR2E037 (9/96)