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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # **N48266** (3)
1. Corporation Name
FLEET RESERVE ASSOCIATION, BRANCH #91, INC.



Principal Place of Business 5391 COLLINS RD JACKSONVILLE FL 32244		Mailing Address 5391 COLLINS RD JACKSONVILLE FL 32244	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent THIES, JAMES R. PO BOX 815 - 2223 ASTER ST M-12 ORANGE PARK FL 32073		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	

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

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	PD	1.1 TITLE	SD
NAME	ROBBINS, JR. J	1.2 NAME	HAMILTON, N. J.
STREET ADDRESS	5391 COLLINS RD	1.3 STREET ADDRESS	5391 COLLINS RD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD	2.1 TITLE	TD
NAME	RICHTER, CHRISTOPHER J.	2.2 NAME	LAWRENCE CAIN
STREET ADDRESS	5391 COLLINS RD	2.3 STREET ADDRESS	5391 COLLINS RD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD	3.1 TITLE	
NAME	RITCHER, TODD	3.2 NAME	
STREET ADDRESS	5391 COLLINS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	HAYNES, CHARLES	4.2 NAME	
STREET ADDRESS	5391 COLLINS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	RIGGINS, WILLIAM C.	5.2 NAME	
STREET ADDRESS	5391 COLLINS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy J. Hamilton* NANCY J. HAMILTON

Jan 5, 98 269-7436

CR2E037 (10/97)