FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:07

DOCUMENT # **257094** **(3)**

1. Corporation Name
FILLINGHAM BROS., INC.

Principal Place of Business	Mailing Address
441 N. LANE AVENUE P. O. BOX 61886 JACKSONVILLE FL 32236-1886 US	PO BOX 61886 JACKSONVILLE FL 32236-1886 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
3. Date Incorporated or Qualified: **04/20/1962**	3a. Date of Last Report: **02/15/1994**
4. FEI Number: **59-0950569**	☐ 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

FILLINGHAM, F M
441 NORTH LANE AVENUE
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
P	FILLINGHAM, F. M.	8112 JOFFRE DRIVE	JACKSONVILLE FL
V	HENDRY, RONALD T	11303 SAMUEL DR	JACKSONVILLE FL
ST	HYSLOP, MARGARITA T.	5510 ROYCE AVENUE	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP		☐ 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)(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. M. Fillingham
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

F. M. FILLINGHAM, PRESIDENT

Jan. 13, 1995 (904) 693-9363
Date Daytime Phone Number

0406020 FP