

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **257094** (3)

1. Corporation Name

FILLINGHAM BROS., INC.



Principal Place of Business

**441 N. LANE AVENUE
P. O. BOX 61886
JACKSONVILLE FL 32236-1886
US**

Mailing Address

**PO BOX 61886
JACKSONVILLE FL 32236-1886
US**

3. Date Incorporated or Qualified

04/20/1962

3a. Date of Last Report

01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**FILLINGHAM, F M
441 NORTH LANE AVENUE
JACKSONVILLE FL 32254**

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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.	NAME	DELET
1	P FILLINGHAM, F. M. 8112 JOFFRE DRIVE JACKSONVILLE FL V	<input type="checkbox"/>
2	HENDRY, RONALD T 11303 SAMUEL DR JACKSONVILLE FL ST	<input type="checkbox"/>
3	HYSLOP, MARGARITA T. 5510 ROYCE AVENUE JACKSONVILLE FL	<input type="checkbox"/>
4		<input type="checkbox"/>
5		<input type="checkbox"/>
6		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	Change	Addition
1	1.1 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2	1.2 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
3	1.3 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4	2.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6	2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
7	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
8	3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
9	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
10	3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
11	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
12	4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
13	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
14	4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
15	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
16	5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
17	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
18	5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
19	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
20	6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
21	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
22	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
23	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

F. M. Fillingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. M. FILLINGHAM, PRESIDENT (904) 693-9363

Date **1/16/96** Daytime Phone #

CR2E034 (12/95)