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

CR2E034 (12/95)

DOCUMENT # 306202 (3)

1. Corporation Name

FULMER AND BOATWRIGHT, INC.

Principal Place of Business

~~5305 L.B. MCLEOD RD~~
~~P.O. BOX 616300~~
~~ORLANDO FL 32861-3300~~

Mailing Address

~~5305 L.B. MCLEOD RD~~
~~P.O. BOX 616300~~
~~ORLANDO FL 32861-3300~~

3. Date Incorporated or Qualified: 06/17/1966
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2435849 ☐ 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

2. Principal Place of Business
21 5340 American Way ~~PO Box 625~~
Suite, Apt. #, etc.
22
City & State
23 GROVELAND, FL
Zip
24 34736
Country
25 LAKE, USA

2a. Mailing Address
26 PO Box 625
Suite, Apt. #, etc.
27
City & State
28 Groveland, Fl.
Zip
29 34736
Country
30 LAKE, USA

9. **Name and Address of Current Registered Agent**

FULMER, PHILIP, R
~~1010 PALADINE COURT~~
~~ORLANDO FL 32806~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8000 Cherry Lake Rd
83
84 City GROVELAND **FL** 85 Zip Code 34736

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]
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	TURNER, CYNTHIA, F	
STREET ADDRESS	137 HARTINGTON DR	
CITY-ST-ZIP	MADISON AL	
TITLE	V	☐ DELETE
NAME	BOATWRIGHT, BENNIE L.	
STREET ADDRESS	RT. 2, BOX 257	
CITY-ST-ZIP	JOHNSTON SC	
TITLE	D	☐ DELETE
NAME	FULMER, PHILIP R.	
STREET ADDRESS	~~1010 PALADIN COURT~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	P	☐ DELETE
NAME	FULMER, CARROLL A.	
STREET ADDRESS	~~1065 DOSS AVENUE~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	EVP	☐ DELETE
NAME	FULMER, BARBARA, B	
STREET ADDRESS	8971 CHARLESTON PARK	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	FULMER, TIMOTHY A	
STREET ADDRESS	9239 BREEZEWOOD BLVD	
CITY-ST-ZIP	WINDENMERE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	Fulmer Philip R	
3.3 STREET ADDRESS	8000 Cherry Lake Rd.	
3.4 CITY-ST-ZIP	Groveland, Fl. 34736	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	Fulmer Carroll A.	
4.3 STREET ADDRESS	14726 Gord Neck Dr.	
4.4 CITY-ST-ZIP	Montverde, Fl. 34756	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #