PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMEN

Katherine Ha

Secretary of Sta DIVISION OF CORPO

DOCUMENT # 356148

1. Corporation Name

	– FILED
T OF STATE	4 pm 07 1000 0.00 am
rris .	Apr 07, 1999 8:00 am
ite	Secretary of State
RATIONS	secretary or state
	04-07-1999 90021 010 ***150 00

FLETCHI	ER PROPERTIES, INC.				
Principal Place	e of Rusiness	Mailing Address			
		PO BOX 1219			
1548 THE GREI 4	ENS WAT	P.O. BOX 1219 ZIP: 32004			
JAX BCH FL 32250		PONTE VEDRA BCH FL 32004			DO NOT WRITE IN THIS SPACE
US •		US			3. Date Incorporated or Qualifed
		1 a sa or a data		•	12/02/1969 4. FEI Number Applied For
	lace of Business	2a. Mailing Address			59-1286653 Not Applicable
21		26			\$8,75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		City & State			6, Election Campaign Financing \$5.00 May Be
	- · · · · · · · · · · · · · · · · · · ·				Trust Fund Contribution Added to Fees
Zip	Country Zip Country		v	8. This corporation owes the current year Intangible	
24	. [25]		30	•	Personal Property Tax.
	9. Name and Address of Current				10. Name and Address of New Registered Agent
	o. Hand and Addition of California	····g-:	8	Name	
MEL	CHING, STEPHEN				LI-X
_	THE GREENS WAY		8:	Street	Address (P.O. Box Number is Not Acceptable)
#4			8	1	
	KSONVILLE FL		[1	
J 3710			8-	City	FL 85 Zip Code
		100 F() 00 1			corporation submits this statement for the purpose of changing its registered
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	,	Registered Ag	ent signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUTCHINSON, FRANCES F.		1,2 NAME		
STREET ADDRESS	OF OFFICE WAY		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	JAX BCH FL 32250		1.4 CITY-	ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, PAUL Z		2.2 NAME		
STREET ADDRESS	45 40 THE OPERAGE 14/43/		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP	JAX BCH FL 32250		2. 4 CITY	ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MELCHING, STEPHEN D		3.2 NAME		
STREET ADDRESS	ARAA TUE ODEENO MAN		3.3 STRE	ET ADORESS	
CITY-ST-ZIP	JAX BCH FL 32250	•	3,4, CITY	ST-ZIP	
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Additio
NAME	FLETCHER, JEROME S		4, 2 NAM	}	
STREET ADDRESS	THE ASSETT ASSETS WAS ALLOW			ET ADDRESS	
CITY-ST-ZIP	JAX BCH FL 32250		4.4 CITY-	ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Additio
NAME	BROADUS, M. GLORIA		5.2 NAME		
STREET ADDRESS	1 - 1 - THE OPERIOR 1101		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP	JAX BCH FL 32250		5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Additio
NAME			6.2 NAME		
1					1
STREET ADDRESS			6.3 STRE	ET ADDRESS	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)