FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 380893

(8)

FICKLING BROTHERS, INC.

Principa Piace	e of Business	Mailing Address	Mailing Address					****************	
1703 LAMBERT JACKSONVILLE		1703 LAMBERT ST JACKSONVILLE FL 3220	1703 LAMBERT ST JACKSONVILLE FL 32208-5482						
					3. Date Incorporated or Qualified				
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	.1	A	Applied For
21		26			59-1325528	Not Applicable			
Suite Apt.	#, etc.	h	Suite, Apt. #, etc.			5. Certificate of Status Desired	tificate of Status Desired See Regulred \$8.75 Additional		
City & State		City & State	City & State			C Floring Comming Figure	 		
3		28	")			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zυ	Country	Zip	Cou	intry		8. This corporation has liability for it	ntangible		
4	25 29 30			0		Florida Statutes Yes No			
	9. Name and Address of Curren	nt Registered Agent				10, Name and Address of New Reg	istered /	gent	
	LING,TALMADGE			81	Name				
	1 CAPE DR. N.		82 Street Add		Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
JACK	(SONVILLE FL 32226							 	
				83					
				84	City			85 Zip	Code
4. Dominion	to the company of England 607 000	0 and 007 1600 Florida Cta	tutos the el		nomed or	progration submits this statement for the p	FL		lto comintered
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change wa	as authorized	d by	the corpor	ration's board of directors. I hereby accep	t the app	ointment as	s registered
SIGNATURE	Slocation typical or per test cause of registered age	art and bits I are involved a	WYC: Bagistora	d Apor	al a anatura ra	quired when reinstating)	DATE		
12.	OFFICERS AN		13.	a Agei	1 signature ret	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
100 F	ν	DELETE	1 1 TI	TLE				Change	
NAME	ALLEN, TIMOTHY		1.2 N/	AME					
STREET AUORESS	1703 LAMBERT ST.		1.3 \$1	REET	address				
CITY -ST - ZIP	JACKSONVILLE FL		1.4 (- ZIP				
TITLE	P	DELETE	21 Ti	TLE				☐ Change	Addition
NAME	FICKLING, T.ALAN		22 N	AME					
STREET ADORESS	1703 LAMBERT ST.				ADDRESS				
CITY - S1 - 71 *	JACKSONVILLE FL S	DELETE		2 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
TIFLE NAME	ALLEN, USA			3.1 IIILE 3.2 NAME				L Change	Addition
STREET ATIOMESS	1703 LAMBERT ST				ADDRESS				
CITY - \$1 - 712	JACKSONVILLE FL			ITY-S		•			
THE	V	DELETE	4111				****	Change	Addition
NAME	CAVENDER, KENNETH	4 2 N	4 2 NAME						
STREET ADORESS	1703 LAMBERT STR		4351	REET.	address				
01*V+\$1+712	JACKSONVILLE FL		4 4 CI	TY - S1	- ZIP				
TITLE		☐ DELETE	51 TI	TLE				Change	Addition
HAME			52 N/	4ME	ļ				
STREET ADDRESS			5 3 51	REET	ADDRESS				
00°¥-\$1-7∂				TY - S1	-ZIP				
TIFLE		☐ DELETE	6 1 TI		- 1			Change	Addition
NAME			62 N/						
STREET ATURESS					ADDRESS				
CITY-SI-jir	on each Bot the aformation a section	d with this files does not a		TY - S1	************	and in Continu 110 07/200 Elected Chatter	f fuelba-	April the	at the
informatio Lam an o	ri indicated on this annual report or s	supplemental annual report the receiver or trustee emp	is true and a powered to e	accu	rate and th	led in Section 119.07(3)(i), Florida Statutet nat my signature shall have the same lega nort as required by Chapter 607, Florida S	effect as	if made u	nder oath; thai

SIGNATURE:

NATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICENOR DIRECTOR

1/10/97

904-359-0314

APPROVED

AND

97 JAN 21 PM 12: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone #

-359-0314