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FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 386776 (9)

1. Corporation Name

FOUNTAIN FRENCH LAND CO., INC.

Principal Place of Business

U.S. HWY. 301 SOUTH
P.O. BOX 582
NAHUNTA GA 31553-0582

Mailing Address

U.S. HWY. 301 SOUTH
P.O. BOX 582
NAHUNTA GA 31553-0582



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/11/1971

3a. Date of Last Report

06/17/1996

4. FEI Number

59-1484922

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

BONVENTRE, BETTY JO
11943 GREENWOOD CT
JACKSONVILLE FL 32216

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

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 ☐ DELETE

NAME PC
STREET ADDRESS MOORE, WILLIAM
CITY-ST-ZIP US HWY 301 S
NAHUNTA GA

TITLE ☐ DELETE

NAME TD
STREET ADDRESS CHESSER, ALINE
CITY-ST-ZIP 1459 E 15TH ST
JACKSONVILLE FL

TITLE ☐ DELETE

NAME S STRANS, CHARLENE M
STREET ADDRESS 134 S. MAIN ST.
CITY-ST-ZIP NAHUNTA GA
LISA NETILES
7110 Sweetwater Dr.
Blackshear, GA 31516

TITLE ☐ DELETE

NAME D
STREET ADDRESS BONVENTRE, BETTY JO
CITY-ST-ZIP 11943 GREENWOOD CT
JACKSONVILLE FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS HENDRIX, DANA
CITY-ST-ZIP U.S. HWY. 301 SOUTH
NAHUNTA GA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: Lisa A. Nettles 6-10-97 (912) 462-6442

CR2E034 (9/96)