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 # 392925

(4)

Mailing Address

FCS HOLDINGS, INC.

Principal Place of Business

FILED
Apr 28 1997 8:00am
Secretary of State

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1616 SOUTH 14TH STREET P.O. BOX 490300 LEESBURG FL 34749-7300		1616 SOUTH 14TH STREET P.O. BOX 480300 LEESBURG FL 34749-0300 US	P.O. BOX 490300 Leesburg FL 34749-0300		Date Incorporated or Qualified 12/20/1971	3a. Date of Last Report 05/01/1996			
Principal Place of Business 2a. Mailing Address			······························		4. FEI Number	1 00/01/10		ed For	
21 26					59-1379494	ļ	Applied For Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc	hours .				\$8.75 Additional Fee Required		
City & Stat	6	City & State				\$5.00 May Be Added to Fees			
Z(p 24	Country 25	Zip 3	Country 0	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes XYes \(\begin{align*} \begin{align*} \text{No} \\ \ext{No} \ext{No} \\ \ex				
	9. Name and Address of Co	urrent Registered Agent		·	10. Name and Address of New Re	gistered Agent			
GREGG,F. BROWNE				81 Name					
1616 S. 14TH ST. LEESBURG FL 34748				82 Street Address (P.O. Box Number is Not Acceptable)					
			63						
			84			FL 85	Zip Co		
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						· · · · · · · · · · · · · · · · · · ·			
12.	·····			ent signature re	equired when reinstaking) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TOLE	CD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Cha AND DIRE		Addition	
NAME	GREGG, F BROWNE		1.2 NAME			L_3 0//	onge (nuuliioii S	
STREET ADDRESS	1010 C 11TU CT		1.3 STREET	ADDRESS					
CITY - ST - ZIP	LEESBURG FL		1.4 CITY-5	ŀ					
TITEE	ST	☐ DELETE	2.1 TITLE		5	DX CI	anoe	Addition	
NAME	DARNELL,W. REID			· [A-4			
STREET ADORESS	1616 SO. 14TH STREET		2.3 STREET	ADDRESS				-	
CITY+ST-ZIP	LEESBURG FL		2. 4 City-						
TITLE	P	DELETE	3.1 TITLE			☐ Ch	ange	Addition	
NAME	LUNDERSTADT, CARL		3.2 NAME				- '		
STREET ADDRESS	1616 S 14TH STREET		3.3 STREET	ADDRESS					
CITY-ST-7IP	LEESBURG FL		3.4 CITY-1	ST-2IP					
TOLE	V	DELETE	4.1 TITLE			☐ Ch	ange	Addition	
NAME	SIMPSON, III S RANDOLP		4. 2 NAME					-	
STREET ADDRESS	1616 S 14TH STREET		4.3 STREET	ADORESS					
CITY-SI-7IP	LEESBURG FL		4.4 CITY-S	T-ZIP					
107LE		DELETE	5.1 TITLE	-	T	☐ Ch	ange	Addition	
NAME			5.2 NAME		JONES, GARY L.				
STREET ADDRESS			5.3 STREET	ADDRESS	1616 2,141H DIKEEL				
CITY-ST-7IP			5.4 CITY - S	T- ZIP	tones, gary L 1616 3'14TH street Leesburg FL				
1:14		☐ DELETE	6.1 TITLE			☐ Ch	ange	Addition	
NAME			6.2 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
CITY-S1-7/P			6.4 CITY - S	T- 2IP					

14. I do hereby certify that the information supplied with this filling 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97 352 787 0608