

1. Entity Name
FCS HOLDINGS, INC.

Principal Place of Business
1616 SOUTH 14TH STREET
P.O. BOX 490300
LEESBURG FL 34749-7300

Mailing Address
1616 SOUTH 14TH STREET
P.O. BOX 490300
LEESBURG FL 34749-0300
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number 59-1379494
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREGG, F. BROWNE
1616 S. 14TH ST.
LEESBURG FL 34748

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME GREGG, F BROWNE
STREET ADDRESS 1616 S. 14TH ST.
CITY-ST-ZIP LEESBURG FL Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34748

TITLE S
NAME DARNELL W. REID
STREET ADDRESS 1616 SO. 14TH STREET
CITY-ST-ZIP LEESBURG FL Delete

TITLE S
NAME JONES, GARY L.
STREET ADDRESS 1616 S. 14TH STREET
CITY-ST-ZIP LEESBURG, FL 34748 Change Addition

TITLE P
NAME LUNDERSTADT, CARL
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34748

TITLE V
NAME SIMPSON, III S RANDOLP
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 34748

TITLE T
NAME JONES, GARY L
STREET ADDRESS 1616 S 14TH STREET
CITY-ST-ZIP LEESBURG FL Delete

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP 34748 Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Asst. ST
NAME LINDGREN, RICHARD W.
STREET ADDRESS 1616 S. 14TH STREET
CITY-ST-ZIP LEESBURG, FL 34748 Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard W. Lindgren Richard W. Lindgren 4/7/00 352-787-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/991