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Mar 13 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 # 441316

(7)

1. Corporation Name

FAP INDUSTRIES, INC.

Principal Place of Business

HWY 51 NORTH
PO BOX 478
MAYO FL 32066

Mailing Address

HWY 51 NORTH
PO BOX 478
MAYO FL 32066-0478



2. Principal Place of Business

21. Sub. Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. Sub. Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

3. Date Incorporated or Qualified
12/05/1973

3a. Date of Last Report
05/01/1996

4. FEI Number

59-1506712

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

NALL, FELIX
HWY 51
MAYO FL 32066

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 agent, 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

(NOTE: Registered Agent's signature required when reinstating)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME NALL, FELIX 12.2 STREET ADDRESS HWY 51 # P.O. BOX 1286 12.3 CITY-STATE-ZIP MAYO FL 32066 12.4 TITLE ST 12.5 NAME NALL, PATRICIA 12.6 STREET ADDRESS HWY 51 # P.O. BOX 1286 12.7 CITY-STATE-ZIP MAYO FL 32066 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-STATE-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-STATE-ZIP 12.20 TITLE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-ZIP

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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FELIX NALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3/6/97

294-2431

CR2E034 (9/96)