

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 466259 (9)
1. Corporation Name
JOHN FULTZ, INC.



Principal Place of Business 420 OAK FORD ROAD SARASOTA FL 34240 US	Mailing Address 420 OAK FORD ROAD SARASOTA FL 34240 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 420 Oak Ford Rd Suite, Apt. #, etc. 22 City & State SARASOTA FLA. Zip 34240		2a. Mailing Address 26 420 Oak Ford Rd Suite, Apt. #, etc. 27 City & State SARASOTA FLA. Zip 34240		3. Date Incorporated or Qualified 12/16/1974	
24 34240		25 SARASOTA		4. FEI Number 59-1748530	
29 34240		30 SARASOTA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29 34240		30 SARASOTA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
29 34240		30 SARASOTA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

FULTZ, JOHN C.
RT 1 BOX 376
MYAKKA CITY FL 34251

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FULTZ, JOHN C.	1.2 NAME	
STREET ADDRESS	RT 1 BOX 376	1.3 STREET ADDRESS	
CITY - ST - ZIP	MYAKKA CITY FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	PURDY, BOB J.	2.2 NAME	
STREET ADDRESS	4552 BLISS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE _____
941-924-8924
1-6-98

CR2E034 (10/97)