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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 527934 (4)
1. Corporation Name
FLUCARD'S, INC.



Principal Place of Business: 808 N FLA AVE, POB 1646, INVERNESS FL 34453 US
Mailing Address: 808 N FLA AVE, POB 1646, INVERNESS FL 34451 US

3. Date Incorporated or Qualified: 03/16/1977
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1730008
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

9. Name and Address of Current Registered Agent

DAVIS, THOMAS
80 B N FL AVE
INVERNESS FL 34453

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature and typed or printed name of current registered agent (if different from officer or director) _____
Signature and typed or printed name of new registered agent (if different from officer or director) _____

12. OFFICERS AND DIRECTORS

1. NAME: PD FLUCARD, BILLIE J
2. STREET ADDRESS: 3510 E. FOXWOOD CT
3. CITY-STATE-ZIP: INBERNESS FL

4. NAME: [] DELETE

5. NAME: [] DELETE

6. NAME: [] DELETE

7. NAME: [] DELETE

8. NAME: [] DELETE

9. NAME: [] DELETE

10. NAME: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: [] Change [] Addition
2. NAME: Flucard, Billie J.
3. STREET ADDRESS: 3510 E. Foxwood Ct
4. CITY-STATE-ZIP: Inverness, FL

5. TITLE: [] Change [] Addition

6. NAME: [] Change [] Addition

7. NAME: [] Change [] Addition

8. NAME: [] Change [] Addition

9. NAME: [] Change [] Addition

10. NAME: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Billie J. Flucard** *Billie J. Flucard* 30-96 (352)726-522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

CR2E034 (12/95)