

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 623014 (8)

1. Corporation Name

FLO-JAN, INC.

Principal Place of Business

1101 S. MAGNOLIA DRIVE
TALLAHASSEE FL 32301

Mailing Address

1101 S. MAGNOLIA DRIVE
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/24/1979

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1913353

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. 109.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLEY, GLENDA FULMER
4110 E BUGLE VIEW
TALLAHASSEE FL 32301

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 607.1908, 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 until the 1 application)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

STD

NAME

CONLEY, GLENDA FULMER

STREET ADDRESS

4110 E BUGLE VIEW

CITY - ST - ZIP

TALLAHASSEE FL

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

VD

NAME

FULMER, HOBSON F.

STREET ADDRESS

P O BOX 685 N/A

CITY - ST - ZIP

EASTPOINT FL

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

D

NAME

FULMER, C. BART

STREET ADDRESS

11120 ARGENT DRIVE

CITY - ST - ZIP

HUNTSVILLE AL

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

PD

NAME

FULMER, JANETTE R.

STREET ADDRESS

1348 ALSHIRE COURT WEST

CITY - ST - ZIP

TALLAHASSEE FL

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(3)(k), 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 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

DATE

Signature (typed or printed name of registered agent until the 1 application)

Glenda Fulmer Conley Glenda Fulmer Conley 4-15-95 877-5100