FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

3. Date Incorporated or Qualified: 05/24/1979
3a. Date of Last Report: 04/20/1995
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. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
CONLEY, GLENDA FULMER
4110 E BUGLE VIEW
TALLAHASSEE FL 32301

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 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 ________

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	CONLEY, GLENDA FULMER	
STREET ADDRESS	4110 E BUGLE VIEW	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ DELETE
NAME	FULMER, HOBSON F.	
STREET ADDRESS	P O BOX 685 N/A	
CITY-ST-ZIP	EASTPOINT FL	
TITLE	D	☐ DELETE
NAME	FULMER, C. BART	
STREET ADDRESS	11120 ARGENT DRIVE	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	PD	☐ DELETE
NAME	FULMER, JANETTE R.	
STREET ADDRESS	1348 ALSHIRE COURT WEST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE, 1-2 NAME, 1-3 STREET ADDRESS, 1-4 CITY-ST-ZIP ☐ Change ☐ Addition
2-1 TITLE, 2-2 NAME, 2-3 STREET ADDRESS, 2-4 CITY-ST-ZIP ☐ Change ☐ Addition
3-1 TITLE, 3-2 NAME, 3-3 STREET ADDRESS, 3-4 CITY-ST-ZIP ☐ Change ☐ Addition
4-1 TITLE, 4-2 NAME, 4-3 STREET ADDRESS, 4-4 CITY-ST-ZIP ☐ Change ☐ Addition
5-1 TITLE, 5-2 NAME, 5-3 STREET ADDRESS, 5-4 CITY-ST-ZIP ☐ Change ☐ Addition
6-1 TITLE, 6-2 NAME, 6-3 STREET ADDRESS, 6-4 CITY-ST-ZIP ☐ Change ☐ Addition

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5-15-96

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: Glenda Fulmer Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Glenda Fulmer Conley

Date: 5-5-96
Daytime Phone #: 904/877-5100

CR2E034 (12/95)