

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAY - 1 1110:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **674845** (3)

1. Corporation Name

FLETCHER INDUSTRIES, INC.

Principal Place of Business

**4400 MARSH LANDING BLVD
P.O. BOX 1219 ZIP: 32004
PONTE VEDRA BEACH FL 32082**

Mailing Address

**4400 MARSH LANDING BLVD
P.O. BOX 1219 ZIP: 32004
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2047706

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. 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**DUSS, JOHN S., IV
200 W FORSYTH STREET
1600 ATLANTIC BANK BUILDING
JACKSONVILLE FL 32202**

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

Signature typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	HUTCHINSON, FRANCES F.
STREET ADDRESS	4400 MARSH LANDING BLVD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	VD
NAME	FLETCHER, PAUL Z
STREET ADDRESS	4400 MARSH LANDING BLVD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	PD
NAME	FLETCHER, JEROME S
STREET ADDRESS	4400 MARSH LANDING BLVD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	VTD
NAME	MELCHING, STEPHEN D
STREET ADDRESS	4400 MARSH LANDING BLVD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	V
NAME	BROADUS, M. GLORIA
STREET ADDRESS	4400 MARSH LANDING BLVD
CITY, ST, ZIP	PONTE VEDRA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 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 119.07(3)(b), 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:

Frances F. Hutchinson
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Frances F. Hutchinson

4/18/95

(904) 285-6921