

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/25/1980

3a. Date of Last Report
05/01/1995

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. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 below of registered agent and the corporation.

(NOTE: Registered Agent Signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, FRANCES F.	
STREET ADDRESS	4400 MARSH LANDING BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLETCHER, PAUL Z	
STREET ADDRESS	4400 MARSH LANDING BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLETCHER, JEROME S	
STREET ADDRESS	4400 MARSH LANDING BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MELCHING, STEPHEN D	
STREET ADDRESS	4400 MARSH LANDING BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROADUS, M. GLORIA	
STREET ADDRESS	4400 MARSH LANDING BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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:

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

2/16/96 (904) 285-6921
Date Time Phone

CR2E034 (12/95)