Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90021 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 674845

1. Corporation FLETCHE	ER INDUSTRIES, INC.							
Principal Place	e of Business	Mi	ailing Address		_		. I \$80440 B\$115 10651 B1001 10115 61001 0151 01011 04911 E1011 04911 E1011	,
1548 THE GREENS WY		PO BOX 1219					•	
4		P.O. BOX 1219 ZIP: 32004					DO NOT WRITE IN THIS SPACE	
JAX BCH FL 32250		PONTE VEDRA BCH FL 32250 US					3. Date Incorporated or Qualifed	\neg
US		03					06/25/1980	ļ
2 Drivers of Dr	lana of Duniance	120	Mailing Address				4. FEI Number Applied For	-
2. Principal Place of Business		26					59-2047706 Not Applicabl	e
Suite, Apt.	# etc.	- 20	Suite, Apt. #, etc.				\$8.75 Additional	
22	.,	27					5. Certificate of Status Desired Fee Required	
City & State	e	 	City & State		_		6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Cou	ntry	,	8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. Yes No	_
	9. Name and Address of Currer	ıt Regis	tered Agent		-	T	10. Name and Address of New Registered Agent	\dashv
A ACT	CHING CTCDHEN				81	Name		
MELCHING, STEPHEN						Street Add	dress (P.O. Box Number is Not Acceptable)	
1548 THE GREENS WAY APT 4								
JACKSONVILLE FL 32202					83			
JACI	NOONVILLE 1 E 02202				84	City	FL 85 Zip Code	
			07.4500 EL :4- Ct-1	4 H1	<u>_</u>		rporation submits this statement for the purpose of changing its registered	-
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florications of,	da. Such change was a , Section 607.0505, Fk	autnorized orida Stati	utes	the corporati	non's board of directors. Thereby accept the appointment as registered	
12.	Signature, typed or printed name of registered age OFFICERS AN			13.	Ager	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	S	ID DIKE	DELETE	1.1 TD	TLE		Change Additi	ion
NAME	HUTCHINSON, FRANCES F.			1.2 NA				
STREET ADDRESS	1548 THE GREENS WY					TADDRESS	,	
CITY-ST-ZIP	JAX BCH FL 32250					ST-ZIP		
TITLE	VD		☐ DELETE	2.1 TR	_		Change Additi	oη
NAME	FLETCHER, PAUL Z			2.2 NA	ME			
STREET ADDRESS	1548 THE GREENS WY			2.3 ST	REE	T ADDRESS		
CITY-ST-ZIP	JAX BCH FL 32250			2. 4 C	ITY-S	ST-ZIP		
TITLE	PD		☐ DELETE	3.1 TF	TLE.		Change Additi	ion
NAME	FLETCHER, JEROME S			3.2 N	ME			
STREET ADDRESS	AFAN THE ODEENS MAY			3.3 ST	REE	T ADDRESS		
CITY-ST-ZIP	JAX BCH FL 32250			3.4. C	ITY-S	ST-ZIP		
TITLE	VTD		☐ DELETE	4.1 TP	TLE		Change Additi	เดถ
NAME	MELCHING, STEPHEN D			4, 2 N	AME			
STREET ADDRESS	1548 THE GREENS WY			4.3 ST	REE	TADDRESS		
CITY-ST-ZIP	JAX BCH FL 32250			4.4 CF	TY-S	ST-ZIP		_
TITLE	V		☐ DELETE	5.1 Tr			☐ Change ☐ Addit	ion
NAME	BROADUS, M. GLORIA			5.2 N/				
STREET ADDRESS	1548 THE GREENS WY			1		TADDRESS		
CITY-ST-ZIP	JAX BCH FL 32250		["] per ere			ST-ZIP	☐ Change ☐ Addib	ion
TITLE			DELETE	6.1 TF			☐ Change ☐ Addit	ŲΠ
NAME				6.2 NA	WE			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904-285-6921