## FILE NOW: FILING FEE AFTER MAY 1 18 \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS 95 APR 19 AM 8: 37 **DOCUMENT # F15271** (2)SECRETARY OF STATE TALLAHASSEE, FLORIDA GENERAL FENCE, INC. Principal Place of Business Mailing Address 862 EAST ST. 862 EAST ST. LAKE PARK FL 33403 LAKE PARK FL 33403 DO NOT WRITE IN THIS SPACE. 3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1981 Applied For 2. Principal Place of Business 2a. Mailing Address 59-2072088 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No Country Country 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GREENE, ROBERT L 82 Street Address (P.O. Box Number is Not Acceptable) **882 EAST STREET** 83 LAKE PARK FL 33403 84 City 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 Signature, typed or posted rums of registered agent and life if applicable (NOTE Registered Agent signature required when reinstitting) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition 1 I TITLE Change TITLE 1.2 NAME GREENE, ROBERT L NAME 13 STREET ADDRESS STREET ADDRESS 882 EAST STREET 1.4 CITY - ST - ZIP LAKE PARK, FL 00000 CITY-ST-ZIP Change Addition 2 1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change TILLE 31 11111 32 NAME STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST ZIP CITY-ST-7P Change Addition 4 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY - 51 - ZIP CITY-ST-7IP 5 1 TITLE Change \_\_\_ Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZiP 54 CITY-ST ZIP Addition Change 6 1 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-7IP CITY ST-7IP 14. I do hereby certify that the information any blied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicator on the annual proof or supplemental mineral report is true and teacurate and that my signature shall have the same legal effect as it made under only, that I am an officer or developed 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. BIONATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER ON DIRECTOR