

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F41458** (3)  
1. Corporation Name  
**FLETCHER REALTY II, INC.**



Principal Place of Business <b>4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082</b>	Mailing Address <b>4400 MARSH LANDING BLVD. P.O. BOX 1219 (32004) PONTE VEDRA BCH FL 32082</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1548 The Greens Way</b> Suite, Apt. #, etc. 22 <b>Suite 4</b> City & State 23 <b>Jacksonville Beach, FL</b> Zip 24 <b>32250</b>		2a. Mailing Address 26 <b>P.O. Box 1219</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ponte Vedra Beach, FL</b> Zip 29 <b>32004</b>		3. Date Incorporated or Qualified <b>08/21/1981</b>	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>59-2133204</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MELCHING, STEPHEN 1548 THE GREENS WAY APT 4 JACKSONVILLE FL</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLETCHER, PAUL Z			1.2 NAME			
STREET ADDRESS	4400 MARSH LANDING BLVD.			1.3 STREET ADDRESS	1548 The Greens Way, Ste. 4		
CITY-ST-ZIP	PONTE VEDRA BCH FL			1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MELCHING, STEPHEN D			2.2 NAME			
STREET ADDRESS	4400 MARSH LANDING BLVD.			2.3 STREET ADDRESS	Same As Above		
CITY-ST-ZIP	PONTE VEDRA BCH FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUTCHINSON, FRANCES F.			3.2 NAME			
STREET ADDRESS	4400 MARSH LANDING BLVD.			3.3 STREET ADDRESS	Same As Above		
CITY-ST-ZIP	PONTE VEDRA BCH FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLETCHER, JEROME S			4.2 NAME			
STREET ADDRESS	4400 MARSH LANDING BLVD.			4.3 STREET ADDRESS	Same As Above		
CITY-ST-ZIP	PONTE VEDRA BCH FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Frances F. Hutchinson*

1/29/98 (904) 285-6921

CR2E034 (10/97)