

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F57315 (6)

1. Corporation Name

FT. EXCELL, INC.

Principal Place of Business

152 HOURGLASS DRIVE
PO BOX 3838
VENICE FL 34293

Mailing Address

152 HOURGLASS DRIVE
PO BOX 3838
VENICE FL 34293



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 3838

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

34293

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1981

3a. Date of Last Report

02/07/1995

4. FEI Number

59-2147094

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

TOWERY, JERREL E.
333 S. TAMIAMI TRAIL
VENICE FL 34285

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 607.1503, 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, if not applicable

DATE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STD
COOKE, NAOMI R
STREET ADDRESS
152 HOURGLASS DRIVE
CITY-ST-ZIP
VENICE FL

TITLE ☐ DELETE

NAME
PD
COOKE, TOMMY L
STREET ADDRESS
152 HOURGLASS DRIVE
CITY-ST-ZIP
VENICE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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SIGNATURE:

Tom Cooke Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 941-485-4914

Date

Daytime Phone #

CR2E034 (12/95)