


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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F58908** (7)
1. Corporation Name
FLETCHER DEVELOPMENT CORPORATION

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1981

2. Principal Place of Business 21 1548 The Greens Way Suite, Apt. #, etc. 22 Suite 4 City & State 23 Jacksonville Beach, FL Zip Country 24 32250 25 USA	2a. Mailing Address 26 P.O. Box 1219 Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip Country 29 32004 30 USA	4. FEI Number 59-2145753 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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
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9. Name and Address of Current Registered Agent MELCHING, STEPHEN 1548 THE GREENS WAY APT 4 JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <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 BEACH FL	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, JEROME S	2.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	2.3 STREET ADDRESS	Same As Above
CITY-ST-ZIP	PONTE VEDRA BEACH 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 BEACH 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	MELCHING, STEPHEN D.	4.2 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	4.3 STREET ADDRESS	Same As Above
CITY-ST-ZIP	PONTE VEDRA BEACH 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 _____ (22/68) (24/11) (25/28) (26/28) (27/28) (28/28) (29/28) (30/28) (31/28) (32/28) (33/28) (34/28) (35/28) (36/28) (37/28) (38/28) (39/28) (40/28) (41/28) (42/28) (43/28) (44/28) (45/28) (46/28) (47/28) (48/28) (49/28) (50/28) (51/28) (52/28) (53/28) (54/28) (55/28) (56/28) (57/28) (58/28) (59/28) (60/28) (61/28) (62/28) (63/28) (64/28) (65/28) (66/28) (67/28) (68/28) (69/28) (70/28) (71/28) (72/28) (73/28) (74/28) (75/28) (76/28) (77/28) (78/28) (79/28) (80/28) (81/28) (82/28) (83/28) (84/28) (85/28) (86/28) (87/28) (88/28) (89/28) (90/28) (91/28) (92/28) (93/28) (94/28) (95/28) (96/28) (97/28) (98/28) (99/28) (100/28)

CR2E034 (10/97)