

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 # **F93000002047 (9)**
1. Corporation Name
FLAIR PPC CORP.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4647 SW 40TH AVENUE SUITE 600 OCALA FL 34474 US		4647 SW 40TH AVENUE SUITE 600 OCALA FL 34474 US		04/30/1993	05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3145708	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		29	30
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			FL

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 _____ (Type or print 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	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARSE, RICHARD A	1.2 NAME	
STREET ADDRESS	4647 S.W. 40TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, FORREST W	2.2 NAME	
STREET ADDRESS	4647 S.W. 40TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELINAS, MICHAEL E	3.2 NAME	B. B. BURNS, JR.
STREET ADDRESS	4647 S.W. 40TH AVE.	3.3 STREET ADDRESS	2300 ONE FIRST UNION CENTER
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	CHARLOTTE, NC 28202-6039
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, LACY L	4.2 NAME	
STREET ADDRESS	4647 S.W. 40TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS	5.2 NAME	R. E. DRURY
STREET ADDRESS	7701 FORSYTH BLVD., STE. 600	5.3 STREET ADDRESS	2300 ONE FIRST UNION CENTER
CITY-ST-ZIP	CLAYTON MO	5.4 CITY-ST-ZIP	CHARLOTTE, NC 28202-6039
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, WILLIAM H. T.	6.2 NAME	J. K. VERHAGEN
STREET ADDRESS	7701 FORSYTH BOULEVARD, SUITE 600	6.3 STREET ADDRESS	2300 ONE FIRST UNION CENTER
CITY-ST-ZIP	CLAYTON MO	6.4 CITY-ST-ZIP	CHARLOTTE, NC 28202-6039

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Forrest Bell 1/25/96 3522371220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)