

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G15716 (5)**  
1. Corporation Name  
**FLETCHER COMPANY OF GADSDEN COUNTY, INC.**



Principal Place of Business <b>2121 W JEFFERSON PO BOX 149 QUINCY FL 32351</b>	Mailing Address <b>PO BOX 149 QUINCY FL 32351-0149</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/29/1982</b>		3a. Date of Last Report <b>05/17/1996</b>	
21		26		4. FEI Number <b>59-2249902</b>		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24		25		29		30	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FLETCHER, E HENTZ JR 2121 W JEFFERSON QUINCY FL 32351</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				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 *[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			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME <b>FLETCHER, E. HENTZ, JR.</b>				1.2 NAME			
1.3 STREET ADDRESS <b>600 N. 14TH STREET</b>				1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP <b>QUINCY FL 32351</b>				1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME <b>FLETCHER, SANDRA S.</b>				2.2 NAME			
2.3 STREET ADDRESS <b>600 N. 14TH STREET</b>				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP <b>QUINCY FL 32351</b>				2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME <b>FLETCHER, ELIZ H.</b>				3.2 NAME			
3.3 STREET ADDRESS <b>1210 CIRCLE DR.</b>				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP <b>TALLAHASSEE FL 32301</b>				3.4 CITY-ST-ZIP			
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME <b>CLARK, BETTY W.</b>				4.2 NAME			
4.3 STREET ADDRESS <b>RT. 1, BOX 188</b>				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP <b>GREENSBORO FL 32330</b>				4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME <b>FLETCHER, EDWARD H., III</b>				5.2 NAME			
5.3 STREET ADDRESS <b>600 N. 14TH STREET</b>				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP <b>QUINCY FL 32351</b>				5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 *[Signature]* *[Signature]* *[Signature]* *[Signature]*

CR2E034 (4/97)