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Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G36583**

(4)

1. Corporation Name

F.T.G. CORPORATION

Principal Place of Business

**830 S. GULFVIEW BLVD #101
CLEARWATER FL 34630**

Mailing Address

**830 S. GULFVIEW BLVD #101
CLEARWATER FL 34630-3009**

3. Date Incorporated or Qualified

05/02/1983

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2343787

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

9. Name and Address of Current Registered Agent

**DURKIN, SALLY C.
830 S. GULFVIEW BLVD #101
CLEARWATER FL 33515**

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

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 of the person who is the registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	12.10	12.11	12.12	12.13	12.14	12.15	12.16	12.17	12.18	12.19	12.20
TITLE	D	<input type="checkbox"/>	DELETE																
NAME	DURKIN, DANIEL F.																		
STREET ADDRESS	3083-D COLONIAL WAY																		
CITY-STATE-ZIP	CHAMBLEE GA																		
TITLE	DP	<input type="checkbox"/>	DELETE																
NAME	DURKIN, SALLY																		
STREET ADDRESS	830 S GULFVIEW BLVD #101																		
CITY-STATE-ZIP	CLEARWATER FL																		
TITLE		<input type="checkbox"/>	DELETE																
NAME																			
STREET ADDRESS																			
CITY-STATE-ZIP																			
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STREET ADDRESS																			
CITY-STATE-ZIP																			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	13.10	13.11	13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20
1.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
1.2 NAME																			
1.3 STREET ADDRESS																			
1.4 CITY-STATE-ZIP																			
2.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
2.2 NAME																			
2.3 STREET ADDRESS																			
2.4 CITY-STATE-ZIP																			
3.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
3.2 NAME																			
3.3 STREET ADDRESS																			
3.4 CITY-STATE-ZIP																			
4.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
4.2 NAME																			
4.3 STREET ADDRESS																			
4.4 CITY-STATE-ZIP																			
5.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
5.2 NAME																			
5.3 STREET ADDRESS																			
5.4 CITY-STATE-ZIP																			
6.1 TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition														
6.2 NAME																			
6.3 STREET ADDRESS																			
6.4 CITY-STATE-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 included 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: *Sally C. Durkin* (SALLY C. DURKIN) 3-18-97 813-446-4310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0450678

CR2E034 (9/96)