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PROFIT CGRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G46856

1. Corporation Name

F.C.B., INC.

Mailing Address

FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90005 015 ***150.00



Principal Place of Business % FREDERICK C. BURGETT, JR. % FREDERICK C. BURGETT, JR. 220 ARTHUR AVE. 220 ARTHUR AVE. DO NOT WRITE IN THIS SPACE COCOA BEACH FL 32931 COCOA BEACH FL 32931 3. Date Incorporated or Qualifed 06/30/1983 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2316367 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BURGETT, STACY L Street Address (P.O. Box Number is Not Acceptable) 1970 MIHCIGAN AVENUE, BLLG. C COCOA BEACH FL 32922 83 Zip Code 85 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required w ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE 1.1 TITLE TITLE 1.2 NAME BURGETT, FREDERICK C. JR NAME 1.3 STREET ADDRESS 220 ARTHUR AVENUE STREET ADDRESS COCOA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, with all other like empowered.

64 CITY-ST-7IP

SIGNATURE:

PARECERICK C. BURGETT JR

CR2E034 (11/98)