

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17748

1. Entity Name

FPI, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90123 042 \*\*\*150.00

Principal Place of Business

Mailing Address

329 N.BROAD ST.  
P.O.BOX 997  
THOMASVILLE GA 31799

329 N.BROAD ST.  
P.O.BOX 997  
THOMASVILLE GA 31799-0997

80007359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1581686**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PROCTOR, M. JULIAN, JR.  
227 SOUTH CALHOUN ST.  
TALLAHASSEE FL 32302

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete  
NAME **FLOWERS, LANGDON S., JR.**  
STREET ADDRESS **3 WOODLAKES DR.**  
CITY-ST-ZIP **THOMASVILLE GA**

TITLE **CPT** ☐ Delete  
NAME **FLOWERS, LANGDON S., JR.**  
STREET ADDRESS **3 WOODLAKES DR.**  
CITY-ST-ZIP **THOMASVILLE GA**

TITLE **S** ☐ Delete  
NAME **FLOWER, AMANDA T**  
STREET ADDRESS **476 WOODLAKES RD**  
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE **S** ☐ Delete  
NAME **FLOWERS, AMANDA T**  
STREET ADDRESS **476 WOODLAKES RD**  
CITY-ST-ZIP **TALLAHASSEE FL 31792**

TITLE **TREASURER** ☐ Delete  
NAME **WINTER S. COPELAND**  
STREET ADDRESS **1560 SPRING HOLLOW**  
CITY-ST-ZIP **MONTECELLO, FL 32341**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 912 228 6100