

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jan Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
94 JUN 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H47255 (5)**

1. Corporation Name
THE FOSHEE COMPANY, INC.

Mailing Address
**4122 SPRING PARK RD.
P O BOX 5792
JACKSONVILLE FL 32207**

Principal Place of Business
**4122 SPRING PARK RD.
P O BOX 5792
JACKSONVILLE FL 32207**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address		2a. Principal Place of Business	
21 P.O. Box 5792	26 1832 Perry Place		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Jacksonville FL		28 City & State Jacksonville FL	
24 Zip 32247	25 Country DUAL	29 Zip 32207	30 Country DUAL

3. Date Incorporated or Qualified 03/14/1985	3a. Date of Last Report 07/30/1993
4. FBI Number 59-2838663	Applied For Not Applicable
5. Certificate of Status District \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under 5-199-032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOSHEE, DURWOOD O., JR.
4122 SPRING PARK RD.
JACKSONVILLE FL 32207**

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ (Signature of Current Registered Agent and No. 9, above) _____ (Signature of New Registered Agent and No. 10, above)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
11 TITLE	S/T/D	11 TITLE	
12 NAME	WOOD, ERNEST J.	12 NAME	
13 STREET ADDRESS	4122 SPRING PARK RD	13 STREET ADDRESS	
14 CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
21 TITLE	P/D	21 TITLE	
22 NAME	FOSHEE, D.O., JR.	22 NAME	
23 STREET ADDRESS	4122 SPRING PARK RD	23 STREET ADDRESS	
24 CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information reported with this filing voluntarily furnished and does not qualify for the exemption stated in sections 111.01 and 111.02, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that the signatories hereon are the signatories who have made such entry that I am an officer or director of the corporation or the named franchisee(s) named in this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, Block 2, if changed, or in an affidavit filed with an address.

SIGNATURE: *Durwood O. Foshee Jr* **Durwood O. Foshee Jr** 6-27-94 904-398-6677