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Jan 27 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 # H79766 (2)

1. Corporation Name
FORTUNE FLORIDA RPCJUA SERVICE CARRIER, INC.

Principal Place of Business
% THOMAS J. MCCORKLE
P O BOX 10729
JACKSONVILLE FL 32247-7729

Mailing Address
% THOMAS J. MCCORKLE
P O BOX 10729
JACKSONVILLE FL 32247-0729

3. Date Incorporated or Qualified 10/07/1985
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
City & State 27
Zip 24 Country 25

4. FEI Number 59-2893582
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

MCCORKLE, THOMAS J.
10475-110 FORTUNE PKWY
JACKSONVILLE FL 32256

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORKLE, THOMAS J.	
STREET ADDRESS	10475-110 FORTUNE PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STINSON, THOMAS L.	
STREET ADDRESS	10475-110 FORTUNE PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PURCELL, CARLENA E	
STREET ADDRESS	10475-110 FORTUNE PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PURCELL, CARLENA E.	
STREET ADDRESS	10475-110 FORTUNE PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SANDERS, DUANE A
5.3 STREET ADDRESS	10475-110 FORTUNE PKWY
5.4 CITY-ST-ZIP	JACKSONVILLE FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, changed, or on an attachment with an address.

SIGNATURE _____ DATE 1/9/97
THOMAS L. STINSON, TREASURER 904-363-6339

CR2E034 (9/96)