

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J15534 (7)

1. Corporation Name
FLATTER, INC.



Principal Place of Business
P.O. BOX 2096
PALATKA FL 32178-9096

Mailing Address
P.O. BOX 2096
PALATKA FL 32178-9096

3. Date Incorporated or Qualified 05/21/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2683454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

JACKNIN, JAY R.
NCNB TOWER, STE. 1010
1555 PALM BEACH LAKES BLVD.
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	FLATTER, THOMAS	1.2 NAME	
STREET ADDRESS	RT 1 BOX 6920	1.3 STREET ADDRESS	Palatka, FL 32177
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VST	2.1 TITLE	
NAME	FLATTER, BEVERLY	2.2 NAME	Palatka, FL 32177
STREET ADDRESS	RT 1 BOX 6920	2.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	FLATTER, BEVERLY	3.2 NAME	Palatka, FL 32177
STREET ADDRESS	RT 1 BOX 6920	3.3 STREET ADDRESS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Beverly Flatter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Flatter 4/23/96 (423)478-1243

Daytime Phone #

CR2E034 (12/95)