

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J53795

(7)

1. Corporation Name

F. & C. SERVICES, INC.

Principal Place of Business

F & C SERVICES INC  
108 W 13TH ST  
PANAMA CITY FL 32401-2414  
US

Mailing Address

F & C SERVICES INC  
108 W 13TH ST  
PANAMA CITY FL 32401-2414  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

GRAY, FRANK W.  
108 W 13TH ST  
PANAMA CITY FL 32402

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 607.06(2) and 607.1506, 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 submitted by the corporation's board of directors, thereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the person authorized to execute this statement

Signature

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS  | CITY, ST, ZIP  | DELETE                   |
|-------|--------------------|-----------------|----------------|--------------------------|
|       | PD                 |                 |                | <input type="checkbox"/> |
|       | GRAY, FRANK W.     | 108 W 13TH ST   | PANAMA CITY FL |                          |
|       | VD                 |                 |                | <input type="checkbox"/> |
|       | EDGEcombe, JUDY D. | 108 W 13TH ST   | PANAMA CITY FL |                          |
|       | VD                 |                 |                | <input type="checkbox"/> |
|       | GRAY, THOMAS D.    | 108 W. 13TH ST. | PANAMA CITY FL |                          |
|       | STD                |                 |                | <input type="checkbox"/> |
|       | GRAY, CHRISTINE S  | 108 W 13TH ST   | PANAMA CITY FL |                          |
|       |                    |                 |                | <input type="checkbox"/> |
|       |                    |                 |                | <input type="checkbox"/> |
|       |                    |                 |                | <input type="checkbox"/> |

13.

| TITLE | NAME | STREET ADDRESS | CITY, ST, ZIP | DELETE                   | Change | Addition |
|-------|------|----------------|---------------|--------------------------|--------|----------|
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |
|       |      |                |               | <input type="checkbox"/> |        |          |

14. I do hereby certify that the information supplied with this filing is true, correct and does not contain any false or misleading information. I further certify that the information is available 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 person or persons 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 a subsequent filing with an address.

SIGNATURE:

Christine S. Gray  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
CHRISTINE S. GRAY

4/14/96 (904) 763-2851

CR2E034 (12/95)