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 # **K18150** **(8)**

1. Corporation Name

F & S INDUSTRIES, INC.

Principal Place of Business	Mailing Address
% CYNTHIA C. SLACK P.O. BOX 3688 OCALA FL 32678	% CYNTHIA C. SLACK P.O. BOX 3688 OCALA FL 32678

2. Principal Place of Business
21 1417 S.W. 17th St.
Suite, Apt. #, etc.
22
City & State
23 Ocala Fl
Zip 24 34474 Country 25 Marion

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **03/15/1988**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3012615** ☐ 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

SLACK, CYNTHIA C.
1417 SW 17TH STREET
OCALA FL 32674

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 617.1502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DTS	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SLACK, CYNTHIA C.		2 NAME	
STREET ADDRESS	1417 SW 17TH ST		3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	FAIR, ROBERT C		6 NAME	
STREET ADDRESS	1417 SW 17TH STREET		7 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		8 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	SLACK, MICHAEL		10 NAME	
STREET ADDRESS	1417 SW 17TH STREET		11 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		12 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	SLACK, CHRISTOPHER		14 NAME	
STREET ADDRESS	1417 SW 17TH STREET		15 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/18/96 352-732-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #