FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:35

DOCUMENT # K20070 (4)

1. Corporation Name
FULLER VENTURES, INC.

Principal Place of Business	Mailing Address
4540 LAFAYETTE ST. STE G MARIANNA FL 32446 US	4540 LAFAYETTE ST. STE. G MARIANNA FL 32446 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2878960 ☐ 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

FULLER, CHARLES W
5110 PRESIDENTS CIR.
MARIANNA FL 32446

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: CHARLES W. FULLER 4/10/95
(Typed or printed name of registered agent and title if executive) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	P/M/C ☒ Change ☐ Addition
NAME	BARNO, WALTER	12 NAME	CHARLES W. FULLER
STREET ADDRESS	2833 HWY. 71 N.	13 STREET ADDRESS	5110 PRESIDENTS CIRCLE
CITY ST ZIP	MARIANNA FL	14 CITY ST ZIP	MARIANNA, FL 32446
TITLE	PD	21 TITLE	V/T/S/D ☒ Change ☐ Addition
NAME	FULLER, CHARLES W.	22 NAME	BONNIE FULLER
STREET ADDRESS	5110 PRESIDENTS CIR.	23 STREET ADDRESS	5110 PRESIDENTS CIRCLE
CITY ST ZIP	MARIANNA FL	24 CITY ST ZIP	MARIANNA, FL 32446
TITLE	VD	31 TITLE	T ☒ Change ☐ Addition
NAME	FULLER, BONNIE	32 NAME	WALTER BARNO
STREET ADDRESS	5110 PRESIDENTS CIR.	33 STREET ADDRESS	2833 HWY 71 N.
CITY ST ZIP	MARIANNA FL	34 CITY ST ZIP	MARIANNA, FL 32446
TITLE	S	41 TITLE	NO LONGER AN OFFICER ☒ Change ☐ Addition
NAME	GAY, JAYSON	42 NAME	
STREET ADDRESS	5110 PRESIDENTS CIR.	43 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	44 CITY ST ZIP	
TITLE	T	51 TITLE	NO LONGER AN OFFICER ☒ Change ☐ Addition
NAME	CLOUD, JIM	52 NAME	
STREET ADDRESS	4337 WILTON ST.	53 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	54 CITY ST ZIP	
TITLE	T	61 TITLE	NO LONGER AN OFFICER ☒ Change ☐ Addition
NAME	DAVIS, GEORGE	62 NAME	
STREET ADDRESS	2949 CALEDONIA ST.	63 STREET ADDRESS	
CITY ST ZIP	MARIANNA FL	64 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)(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: Bonnie Fuller BONNIE FULLER 4/10/95 (904)526-3055
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002127 CP