

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90027 034 \*\*\*150.00

DOCUMENT # K20070

1. Corporation Name

FULLER VENTURES, INC.

Principal Place of Business

4122 LAFAYETTE ST  
MARIANNA FL 32446  
US

Mailing Address

4540 LAFAYETTE ST.  
STE. G  
MARIANNA FL 32446  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 4122 Lafayette St

27 Suite, Apt. #, etc.

27 Y

28 City & State

28 Marianna FL

29 Zip Country

29 32446 30 US

9. Name and Address of Current Registered Agent

FULLER, CHARLES W  
5110 PRESIDENTS CIR.  
MARIANNA FL 32446

3. Date Incorporated or Qualified

04/04/1988

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Fuller Charles W

82 Street Address (P.O. Box Number is Not Acceptable)

4228 Kelson Ave

83

84 City

Marianna

FL

85 Zip Code

32446

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 reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE PVMC ☐ DELETE

NAME FULLER, CHARLES W  
STREET ADDRESS 5110 PRESIDENTS CIRCLE  
CITY-ST-ZIP MARIANNA FL

TITLE TSD ☒ DELETE

NAME FULLER, BONNIE  
STREET ADDRESS 5110 PRESIDENTS CIRCLE  
CITY-ST-ZIP MARIANNA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVTDCM ☒ Change ☐ Addition

1.2 NAME Fuller Charles W  
1.3 STREET ADDRESS 4228 Kelson Ave  
1.4 CITY-ST-ZIP Marianna, FL 32446

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Lein Torliet R.  
2.3 STREET ADDRESS 4369 Deering Street  
2.4 CITY-ST-ZIP Marianna, FL 32446

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)