

DOCUMENT # L31321
1. Entity Name
FOURTH GENERATION, INC.

Principal Place of Business
306 EAST PRINCETON
ORLANDO FL 32804

Mailing Address
306 EAST PRINCETON
ORLANDO FL 32804

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip
Country

Zip
Country

6. Name and Address of Current Registered Agent
KELSEY, J. MICHAEL
306 EAST PRINCETON
ORLANDO FL 32804

4. FEI Number 59-2981457
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CD	KELSEY, EUGENE W III	306 E PRINCETON	ORLANDO FL	<input type="checkbox"/>
PD	KELSEY, ROBERT E	306 E PRINCETON	ORLANDO FL	<input type="checkbox"/>
VD	KELSEY, J MICHAEL	306 E PRINCETON	ORLANDO FL	<input type="checkbox"/>
ST	SMITH, MICHAEL W.	306 E. PRINCETON	ORLANDO FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	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"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Smith MICHAEL W. SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8-8-01 4-7-898-4101
Daytime Phone #

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90027 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)