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

APPROVED AND FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L74892** **(5)**

1. Corporate Name

FLORIDA PLANT EMPLOYEES SOCIAL CLUB, INCORPORATED

Principal Place of Business	Mailing Address
% EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE FL 32091	% EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1990**
3a. Date of Last Report: **04/29/1994**

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

4. FEI Number: **59-3067334** ☐ 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

SHAW, EUGENE F.
925-E NORTH TEMPLE AVENUE
STARKE FL 32091

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VD	11 TITLE	☐ Change ☐ Addition
12 NAME	BENNETT, DOUGLAS W.	12 NAME	
13 STREET ADDRESS	RT 5 BOX 7689	13 STREET ADDRESS	
14 CITY ST ZIP	STARKE FL	14 CITY ST ZIP	
21 TITLE	PD	21 TITLE	☐ Change ☐ Addition
22 NAME	ALVAREZ, GEORGE R.	22 NAME	
23 STREET ADDRESS	RT 4 BOX 238	23 STREET ADDRESS	
24 CITY ST ZIP	STARKE FL	24 CITY ST ZIP	
31 TITLE	S	31 TITLE	☑ Change ☐ Addition
32 NAME	PATER, ROBERT C	32 NAME	
33 STREET ADDRESS	#6 HIDDEN HILLS III	33 STREET ADDRESS	
34 CITY ST ZIP	KEYSTONE HEIGHTS FL	34 CITY ST ZIP	
41 TITLE	TD	41 TITLE	☑ Change ☐ Addition
42 NAME	PRIEST, SHELLEE S.	42 NAME	
43 STREET ADDRESS	PINE STREET	43 STREET ADDRESS	
44 CITY ST ZIP	LAWTEY FL	44 CITY ST ZIP	
51 TITLE	D	51 TITLE	☑ Change ☐ Addition
52 NAME	KROLL, SYLVIA	52 NAME	
53 STREET ADDRESS	810 W PRATT STREET	53 STREET ADDRESS	
54 CITY ST ZIP	STARKE FL	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	☐ Change ☐ Addition
62 NAME	JONES, ESSIE M	62 NAME	
63 STREET ADDRESS	914 NE 7TH PLACE	63 STREET ADDRESS	
64 CITY ST ZIP	GAINESVILLE FL	64 CITY ST ZIP	

~~Secretary~~ SD
Cindy Cruce
PO Box 753
Starke, FL 32091

[redacted]
Shellee S Priest
Pine St
Lawtey FL 32058

TD
Shelby Boatwright
PO Box 753
Starke FL 32091

14. I/We 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: Shellee S. Priest — 5/9/95 — 904/964-1268
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE NUMBER

04/94A30 FP