

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

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Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L74892 (5)**  
1. Corporation Name  
**FLORIDA PLANT EMPLOYEES SOCIAL CLUB, INCORPORATE D**

Principal Place of Business <b>% EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE FL 32091</b>	Mailing Address <b>% EUGENE F. SHAW HWY 230 EAST, P.O. BOX 753 STARKE FL 32091-0753</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>05/21/1990</b>	3a. Date of Last Report <b>07/29/1996</b>
4. FEI Number <b>59-3067334</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W.	1.2	
STREET ADDRESS	RT 5 BOX 7689	1.3	
CITY - ST - ZIP	STARKE FL	1.4	
TITLE	PD	2.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, GEORGE R.	2.2	
STREET ADDRESS	RT 4 BOX 238	2.3	
CITY - ST - ZIP	STARKE FL	2.4	
TITLE	SD	3.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUCE, CINDY	3.2	
STREET ADDRESS	P.O. BOX 753	3.3	
CITY - ST - ZIP	STARKE FL	3.4	
TITLE	TD	4.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOATWRIGHT, SHELBY	4.2	
STREET ADDRESS	P.O. BOX 753	4.3	
CITY - ST - ZIP	STARKE FL	4.4	
TITLE	D	5.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ESSIE M	5.2	
STREET ADDRESS	914 NE 7TH PLACE	5.3	
CITY - ST - ZIP	GAINESVILLE FL	5.4	
TITLE		6.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	
STREET ADDRESS		6.3	
CITY - ST - ZIP		6.4	

14. I do 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.

SIGNATURE: *Shelby Boatwright* *Shelby Boatwright* 1-9-97 904-1268  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)