

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L75348 (7)**

1. Corporation Name  
**FLORIDA COMMERCIAL/INVESTMENT PROPERTIES, INC.**



|  |  |
|--|--|
| Principal Place of Business                                      | Mailing Address  |
| % WILLIAM T. GAUPIN<br>RT. 2. BOX 4391<br>CRAWFORDVILLE FL 32327 | % WILLIAM T. GAUPIN<br>RT. 2. BOX 4391<br>CRAWFORDVILLE FL 32327 |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/24/1990</b> | 3a. Date of Last Report<br><b>04/26/1995</b> |
|--|--|

|                                |                                |
|--------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address            |
| 21                             | 26 <b>1439 Shell Point Rd.</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.            |
| 22                             | 27                             |
| City & State                   | City & State                   |
| 23                             | 28 <b>Crawfordville, FL</b>    |
| Zip                            | Zip                            |
| Country                        | Country                        |
| 24                             | 29 <b>32327</b>                |
|                                | 30 <b>USA</b>                  |

|  |   |  |
|--|---|--|
| 4. FEI Number<br><b>59-1845154</b>   | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>      |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GAUPIN, WILLIAM T.  
RT. 2, BOX 4391  
CRAWFORDVILLE FL 32327**

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |
|   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | <b>PST GAUPIN, WILLIAM T.</b>   |
| STREET ADDRESS             | <b>RT. 2, BOX 4391</b>          |
| CITY - ST - ZIP            | <b>CRAWFORDVILLE FL</b>         |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY - ST - ZIP            |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 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)(k), 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: \_\_\_\_\_ **4/15/96 (904) 926-7811**  
Date Daytime Phone #

CR2E034 (12/95)