

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *NO7361*

1. Entity Name

*FLEET RESERVE ASSOCIATION BRANCH 346*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2117 WILKINSON AVE*

Suite, Apt. #, etc.

3. Mailing Address

*SAME AS #2*

Suite, Apt. #, etc.

City & State

*PANAMA CITY, FL*

City & State

Zip

*32408*

Country

*USA*

Zip

Country

4. FEI Number

*N/A*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*HODGES, THOMAS E.*

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

*5617 B SUNSET AVE*

City

*PANAMA CITY*

FL

Zip Code

*32408*

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*PD  
FAXLANGER, JIM  
264 B PEACOCK DR  
PANAMA CITY, FL 32408*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*VD  
DEWAR, RICHARD J.  
6010 SUNSET AVE  
PANAMA CITY, FL 32408*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*SD  
HODGES, THOMAS E.  
5617 B SUNSET AVE  
PANAMA CITY, FL 32408*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*TD  
ROBINSON, REX C.  
305 LAGOON OAKS CR.  
PANAMA CITY, FL 32408*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*THOMAS E. HODGES Thomas E. Hodges 2-8-02 850-234-3940*

**FILED**

02 MAR 29 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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