

FILED  
Feb 19, 2003 8:00 am  
Secretary of State

02-19-2003 90014 019 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N07361

1. Entity Name

FLEET RESERVE ASSOCIATION BRANCH #346, INC.



Principal Place of Business

Mailing Address

2117 WILKINSON AVENUE  
PANAMA CITY FL 32408

2117 WILKINSON AVENUE  
PANAMA CITY FL 32408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HODGES, THOMAS E  
5617 B SUNSET DRIVE  
PANAMA CITY FL 32408

Name

JAMES L. OTTS

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

2603 Beech ST

PANAMA CITY BEACH FL 32408

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. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE *James L. OTTS* JAMES L. OTTS

2/5/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAXLANDER, JIM 264 B PEACOCK DR PANAMA CITY BCH FL 32407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEWAR, RICHARD J 6010 SUNSET AVENUE PANAMA CITY-FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HODGES, THOMAS E 5617 B SUNSET AVE PANAMA CITY FL 32408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINSON, REX C 505 LAGOON OAKS CT PANAMA CITY BEACH FL 32408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWAR, Richard J. 6010 Sunset Ave PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Driscoll Robert 9805 Claymore ST PANAMA CITY BEACH, FL 32402	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTS, James L. 2603 Beech ST PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTTS, James L. 2603 Beech ST PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James L. OTTS* JAMES L. OTTS

Date

Daytime Phone #

CR2E037 (10/02)