FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT: # N08398

1. Corporation Name

FLEETER, INCORPORATED

Principal Place of Business

917 AVENUE A

Mailing Address

917 AVENUE A

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90116 038 ****61.25



AVON PARK F	L 33825		AVON PARK FL 33825										
Principal Place of Business The Principal Place of Business			2a. Mailing Address				3.	3. Date Incorporated or Qualifed 03/27/1985					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number 59-2680362				+	ed For Applicable	
City & State			City & State				\$				8.75 Additional		
			8 =			5.	Certificate of Status Desired	. 🗆		e Requ			
23 Zip	Country		Zip Country				6.	Election Campaign Financin	<u> </u>	\$5.00 May Be			
24	25 29 30				ูก `	Trust Fund Contribution Added							
	9. Name and Address		Istered Agent			10.	Name and Address of Nev	v Registered	Agent				
					81	Name							
DOREDTS	ESTON				82	Street A	ddroes (F	P.O. Box Number is Not Acce	ntable)				
Roberts, Eston 935 Delaney Avenue			OZ Sugar Au			aaraaa (i	C. DOX HOLLDON IS HOLLNOOD	paoloj					
AVON PARK FL			i										
AVONTA	NN FL					0.0		<u> </u>		85	Zip Co		
					84	City			FI	_ 63 1	Zip CC	lue	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE												}	
<u> </u>	Signature, typed or printed name			(NOTE: Re	gistered Ager	t signature rec		reinstating) ADDITIONS/CHANGES TO (DATE DEFICERS A	NO DIRE	CTOR	S IN 12	
12.00 km July (FICERS AND DI		DELETE				ADDITIONS/CITATOES TO	JI FICERO A	Chai		Addition	
TITLE	D	1276 No.	ים	DELETE	1.1 TITLE	ľ				رے داند	ngo .		
NAME	WILLIAMS, LEROY				1.2 NAME							. [
STREET ADDRESS	1093 CARNELL ST				1.3 STREET	1							
CITY-ST-ZIP	AVON PARK FL			NEL EXE	1.4 C/TY-5	T-ZIP				Char		Addition	
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NAME	VENNING, EARL				2.2 NAME						•	Ì	
STREET ADDRESS	505 LACY STREET				2.3 STREET	ADDRESS							
CITY-ST-ZIP	AVON PARK FL	·			2.4 CITY-S	T-ZIP		<u></u>		<u> </u>		TO A dalle -	
TITLE	D٠		LJ (DELETE	3.1 TITLE	ì				Chai	nge	Addition	
NAME	CARMICHAEL, WILL				3.2 NAME								
STREET ADDRESS	512 HOOD STREET	· .		 .	3.3 STREET	ADDRESS	_						
CITY-ST-ZIP	AVON PARK FL				3.4. CITY-S	T-ZIP							
TITLE	DP		[] I	DELETE	4.1 TITLE					☐ Chai	nge	☐ Addition	
NAME	EASTON, ROBERTS				4. 2 NAME	į						į	
STREET ADDRESS	917 AVENUE A				4.3 STREET	ADDRESS							
CITY-ST-ZIP	AVON PARK FL				4.4 CITY-S	T-ZIP							
TITLE				DELETE	5.1 TITLE	1				☐ Cha	nge	☐ Addition	
NAME					5.2 NAME							ļ	
STREET ADDRESS				1	5.3 STREE	ADDRESS						1	
CITY-ST-ZIP	_				5.4 CITY-S	T-ZIP							
TITLE	1		. 0	DELETE	6.1 TITLE					☐ Cha	inge	☐ Addition	
NAME					6.2 NAME							1	
STREET ADDRESS					6.3 STREET	ADDRESS]	
OFD (OT 770				'	6.4 CITY-S	T-ZIP						ì	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachange with an address, with all other like empowered.

SIGNATURE:

roapril99