

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48266** (3)

1. Corporation Name  
**FLEET RESERVE ASSOCIATION, BRANCH #91, INC.**



Principal Place of Business: 5391 COLLINS RD JACKSONVILLE FL 32244  
Mailing Address: 5391 COLLINS RD JACKSONVILLE FL 32244

3. Date Incorporated or Qualified: 04/08/1992  
3a. Date of Last Report: 05/31/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: NOT APPLICABLE  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THIES, JAMES R.  
PO BOX 815 - 2223 ASTER ST M-12  
ORANGE PARK FL 32073

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: <del>CAIN, LAWRENCE</del>	
STREET ADDRESS: 5391 COLLINS RD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: <del>TANNER, LINDELL</del>	
STREET ADDRESS: 5391 COLLINS RD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: <del>RICHTER, TODD</del>	
STREET ADDRESS: 5391 COLLINS RD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: HAYNES, CHARLES	
STREET ADDRESS: 5391 COLLINS RD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: TD	<input checked="" type="checkbox"/> DELETE
NAME: <del>TAYMON III, WILLIAM</del>	
STREET ADDRESS: 5391 COLLINS RD	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: TAYMON III, WILLIAM	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: KERSTING, GARRY	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: ROBBINS JR, JAMES	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: DOWNS, GALE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 1/31/96 Daytime Phone #: (904) 209-7436

CR2E037 (12/95)