

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48266 (3)**  
1. Corporation Name  
**FLEET RESERVE ASSOCIATION, BRANCH #91, INC.**



Principal Place of Business <b>5391 COLLINS RD JACKSONVILLE FL 32244</b>	Mailing Address <b>5391 COLLINS RD JACKSONVILLE FL 32244-5305</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/08/1992</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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  
**THIES, JAMES R.  
PO BOX 815 - 2223 ASTER ST M-12  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYMAN, WILLIAM III	1.2 NAME	ROBBINS, Jr., James E.
STREET ADDRESS	5391 COLLINS RD	1.3 STREET ADDRESS	5391 COLLINS ROAD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	vd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERSTING, GARRY	2.2 NAME	RICHTER, CHRISTOPHER J.
STREET ADDRESS	5391 COLLINS RD	2.3 STREET ADDRESS	5391 COLLINS RD., JACKSONVILLE, FL
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, JAMES JR.	3.2 NAME	RICHTER, TODD
STREET ADDRESS	5391 COLLINS RD	3.3 STREET ADDRESS	5391 COLLINS RD
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYNES, CHARLES	4.2 NAME	HAYNES, CHARLES
STREET ADDRESS	5391 COLLINS RD	4.3 STREET ADDRESS	5391 COLLINS RD
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, GALE	5.2 NAME	RIGGINS, WILLIAM G.
STREET ADDRESS	5391 COLLINS RD	5.3 STREET ADDRESS	5391 COLLINS RD
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *James E. Robbins* **REQUIRED** 2/22/97 904-2692136  
Date Daytime Phone # 006618

CR2E037 (9/96)