

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000984 (6)

1. Corporation Name

BICKERS FAMILY HISTORY LIBRARY, INC.



Principal Place of Business

Mailing Address

216 HOSPITAL DRIVE N.E.
FT. WALTON BEACH FL 32548-5068

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FT. WALTON BEACH FL 32548-5068

3. Date Incorporated or Qualified
12/29/1992

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3174885

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

8. 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

MIDDLETON, JAMES W
216 HOSPITAL DRIVE N.E.
FT. WALTON BEACH FL 32548-5068

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME MIDDLETON, JAMES W
STREET ADDRESS 216 HOSPITAL DRIVE N.E.
CITY - ST - ZIP FT. WALTON BEACH FL 32548-5068

DELETE

TITLE D
NAME MIDDLETON, R.E.
STREET ADDRESS 216 HOSPITAL DRIVE N.E.
CITY - ST - ZIP FT. WALTON BEACH FL 32548-5068

DELETE

TITLE DP
NAME MIDDLETON, LUCYLE B
STREET ADDRESS 632 MANCHESTER ROAD
CITY - ST - ZIP FT. WALTON BEACH FL 32547

DELETE

TITLE D
NAME BICKERS, ROBERT L
STREET ADDRESS 407 WEST 200 SOUTH
CITY - ST - ZIP HYRUM UT 84319

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. MIDDLETON

6/12/96

Date

(904) 243-1941

Daytime Phone #

0017570

CR2E037 (3/96)