FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000007193 (4)

FGI, INC.

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business P. O. BOX 1309 FERNANDINA BEACH FL 32034 MONROE NC 28111-1309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 56-1807683 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505. Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DELETÉ Change Addition 1.1 TITLE NAME CATES, ARTHUR K 12 NAME 8514 KILEY CT STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 32092 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 21 TITLE Change Addition NAME BROOME, TOMMY L 2.2 NAME STREET ADDRESS P O BOX 1309 N/A 2.3 STREET ADDRESS MONROE NC CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition HARVEY, RAY NAME 3.2 NAME 1310 SOUTH 14TH STREET STREET ADDRESS 3.3 STREET ADDRESS FERNANDINA BEACH FL CITY-ST-ZIP 3.4. CITY - ST - 7IP DELETE TITLE 4.1 TITLE ☐ Change Addition SUTTON, JERRY S NAME 4.2 NAME P.O BOX 1309 N/A STREET ADDRESS 4.3 STREET ADDRESS MONROE NO CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TiTLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 armual 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 607, Florida Statutes; and that my name appears in officer or director of the corporat Block 12 or Block 13 if charged or on an attachment with an address

SIGNATURE:

Jerry S. Sutton

4/9/98

704-283-9492