FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000029898 (2)						
' '	F. PROPERTIES, INC.	•	•			
	·					
Principal Place	e of Business	Mailing Address			i 00/il 10/il ligib 1871	1 10110 1010 1011 1011 100F
9317 FERNERY RD. LEESBURG FL 34788 US		P O BOX 493033 LEESBURG FL 34749 US				
				3. Date Incorporated or Qualified 04/23/1993	3a. Date of Las 02/21/	
	lace of Business	2a. Mailing Address		4. FEI Number	-1 <u></u> -1	Applied For
		26		59-1694352		Not Applicable
22 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	1 [75 Additional
City & State		City & State		6. Flection Campaign Financing		e Required
	esburg, FL	28	*	Trust Fund Contribution	□ \$5 Ad	.00 May Be ded to Fees
Zip 24 3478	34788 25 29 30		Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
F: 0 : F	* A 1/FMP		81 Name			
FULLER, G. KENT 9317 FERNERY ROAD				Address (P.O. Box Number is Not Acceptable		
	BURG FL 34788		83	1325_CR_44		
			84 City		—. 85	Zip Code
11 Duraugat	to the eventsions of Casting COT OFF	0		Leesburg	FL °°	34788
or register	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	z and 607.1508, Florida Statutes ida. Such change was authorized	i, the above named co d by the corporation's t	Leesburg rporation submits this statement for the purp coard of directors. Thereby accept the appo	oose of changing it intment as register	s registered office red agent. I am
SIGNATURE	and descript the designation of the	non cortosos, monda Statutes.				_
12.	Signature, typed or printed name of registered ager.	t and title it application (NOTE ID DIRECTORS	Registered Agent signature re		EVATE	
TITLE	D	DELEIE	1.1 1171	ADDITIONS/CHANGES TO OFFI		
NAME	FULLER, G. KENT	<u>_</u>	1.2 NAME		X Chang	e 🔲 Addition
STREET ADDRESS	9317 FERNERY RD.		1.3 STREET ADDRESS	11225 00 44		
CHTY-ST-ZIP	LEESBURG FL 34788		1.4 City - St. Zip	11325 CR 44	0.0	
TITLE		☐ DELETE	2 1 TITLE	Leesburg FL 347	BB — ☐ Chang	e
NAME			2 2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST ZIP			
TITLE		DELETE	3 1 TITUE		☐ Chang	e 🔲 Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 C·TY-ST-ZIP	· · · - ——— · · · · · · · · · · · · · ·		
NAME		T precue	4 1 TITLE		☐ Changi	e 🔲 Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		DELETE	5 1 TILE		☐ Change	e
NAME			5.2 NAME		£ Change	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7IP			5.4 CHY-S1-ZIP			
TITLE		☐ DELETE	6 + TITLE		☐ Change	e Addition
NAME			6 2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP		***	6.4 CITY+ST-ZIP			ĺ

SI-2IP

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 supplied mental 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 releven or trustee empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on my attachmique with aniaddress

GNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR