

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90023 030 ***158.75

0577546

DOCUMENT # P93000074593

1. Corporation Name

F & G ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~302 MOCCASIN TRAIL W~~ 3381 SW
~~JUPITER FL 33408~~ SUNSET TRACE CR
~~605~~ PALM CITY FL
34990

725 N AIA 3381 SW SUNSET TRACE CR
SUITE 205 PALM CITY FL
JUPITER FL 33477
US 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3381 SW SUNSET TRACE CR

2a. Mailing Address

26 3381

Suite, Apt. #, etc.

22 PALM CITY FL

Suite, Apt. #, etc.

27 SW SUNSET TRACE CR

City & State

23 34990 MARTIAN

City & State

28 PALM CITY FL

Zip

Country

Zip

Country

24 25 29 34990 30 MARTIAN

9. Name and Address of Current Registered Agent

KOLDRICK, MARY L CPA
725 N AIA SUITE E205
CHASEWOOD PLZ STE 30
JUPITER FL 33477

3. Date Incorporated or Qualified

10/20/1993

4. FEI Number

65-0464380

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

ANN GULISANO

82 Street Address (P.O. Box Number is Not Acceptable)

3381 SW SUNSET TRACE CR

83

84 City

PALM CITY

FL

85 Zip Code

34990

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 607.0508, Florida Statutes.

SIGNATURE ANN GULISANO

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

(NOTE: Registered Agent signature required when reinstating)

4/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GULISANO, ANN
STREET ADDRESS 302 MOCCASIN TRAIL W
CITY-ST-ZIP JUPITER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3381 SW SUNSET TRACE CR
1.4 CITY-ST-ZIP PALM CITY FL 34990

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

4/29/99 561 223-8800

CR2E034 (11/98)