

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

FILED

Apr 20 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P94000010432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                   |  |
| 1. Corporation Name:<br>Fuki Enterprises, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                   |  |
| Principal Place of Business:<br>3013 Springdale Mall<br>Mobile, AL 36606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Mailing Address:<br>P.O. Box 216<br>Citronelle, AL 36522                                                                                          |  |
| DO NOT WRITE IN THIS SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                   |  |
| 2. Principal Place of Business:<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2a. Mailing Address:<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                         |  |
| 3. Date Incorporated or Qualified:<br>2/9/94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4. FEI Number:<br>63-1109720                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Applied For <input type="checkbox"/><br>Not Applicable <input type="checkbox"/>                                                                   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | \$8.75 Additional Fee Required<br>\$5.00 May Be Added to Fees                                                                                     |  |
| 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                   |  |
| 9. Name and Address of Current Registered Agent:<br>Graham, Thomas<br>40 E Detroit Blvd<br>Pensacola, FL 32534                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 10. Name and Address of New Registered Agent:<br>B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br>B3<br>B4 City<br>B5 Zip Code |  |
| 11. Pursuant to the provisions of Sections 607.0602 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: _____ (Type or print name of officer or director, and title, and date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                   |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                             |  |
| 1. TITLE: President<br>NAME: Touchet, Johnny<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 1.1 TITLE: President<br>1.2 NAME: Touchet, Johnny<br>1.3 STREET ADDRESS: 306 W. Postmataka Street<br>1.4 CITY-ST-ZIP: Butler, AL 36604            |  |
| 2. TITLE: Secretary<br>NAME: Touchet, Robert<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2.1 TITLE: Secretary<br>2.2 NAME: Touchet, Robert<br>2.3 STREET ADDRESS: 3013 Springdale Mall<br>2.4 CITY-ST-ZIP: Mobile, AL 36606                |  |
| 3. TITLE: Vice President<br>NAME: Bisbee, Paul<br>STREET ADDRESS: 40 E Detroit Blvd<br>CITY-ST-ZIP: Pensacola, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 3.1 TITLE:<br>3.2 NAME:<br>3.3 STREET ADDRESS:<br>3.4 CITY-ST-ZIP:                                                                                |  |
| 4. TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 4.1 TITLE:<br>4.2 NAME:<br>4.3 STREET ADDRESS:<br>4.4 CITY-ST-ZIP:                                                                                |  |
| 5. TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 5.1 TITLE:<br>5.2 NAME:<br>5.3 STREET ADDRESS:<br>5.4 CITY-ST-ZIP:                                                                                |  |
| 6. TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 6.1 TITLE:<br>6.2 NAME:<br>6.3 STREET ADDRESS:<br>6.4 CITY-ST-ZIP:                                                                                |  |
| 14. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, or 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. |  |                                                                                                                                                   |  |
| SIGNATURE: Robert J. Touchet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4/10/98                                                                                                                                           |  |

CR2E034 (10/97)