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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

FILED
Jun 26 1996 8:00 am
Secretary of State

DOCUMENT # **P94000016437 (3)**

1. Corporation Name

**F.O.D., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2111 MILITARY TRAIL<br>JUPITER FL 33458 | 2111 MILITARY TRAIL<br>JUPITER FL 33458 |

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21: 303 BALLENISLES DRIVE
22: Suite, Apt. #, etc.
23: City & State: PALM BEACH GARDENS, FL
24: Zip: 33418
25: Country: U.S.A.

2a. Mailing Address
26: 303 BALLENISLES DRIVE
27: Suite, Apt. #, etc.
28: City & State: PALM BEACH GARDENS, FL
29: Zip: 33418
30: Country: U.S.A.

4. FEI Number: 65-0472425 ☐ 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

DAVIDSON, ROY H
303 BALLENISLES DR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

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 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: _____ DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | DP | ☒ DELETE |
| NAME | DE GUARDIOLA, GEORGE | |
| STREET ADDRESS | 2111 MILITARY TRAIL | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | D | ☒ DELETE |
| NAME | GRAGG, VANCE | |
| STREET ADDRESS | 2111 MILITARY TRAIL | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | DST | ☐ DELETE |
| NAME | DAVIDSON, ROY H | |
| STREET ADDRESS | 303 BALLENISLES DR. | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | DV | ☐ DELETE |
| NAME | PALMER, CHARLES | |
| STREET ADDRESS | 111 E. LAS OLAS BLVD. | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| 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 | D | ☐ Change ☒ Addition |
| 1.2 NAME | Bills, JOHN C. | |
| 1.3 STREET ADDRESS | 303 BALLENISLES Drive | |
| 1.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 2.1 TITLE | D | ☐ Change ☒ Addition |
| 2.2 NAME | Mitchell, Thomas B. | |
| 2.3 STREET ADDRESS | 303 BALLENISLES Drive | |
| 2.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 3.1 TITLE | DSTP | ☒ Change ☐ Addition |
| 3.2 NAME | Davidson, Roy H. | |
| 3.3 STREET ADDRESS | 303 BALLENISLES Drive | |
| 3.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 4.1 TITLE | D | ☐ Change ☒ Addition |
| 4.2 NAME | Bills, Louis B. | |
| 4.3 STREET ADDRESS | 303 BALLENISLES Drive | |
| 4.4 CITY-ST-ZIP | Palm Beach Gardens, FL 33418 | |
| 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 | | |

CR2E034 (12/95)

14. 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 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.

**SIGNATURE:** Thomas B. Mitchell Director Thomas B. Mitchell 6/3/96 625-5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #