

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

CORPORATION • ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:29

DOCUMENT # P94000028179 (7)

1. Corporation Name

FUT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4948 N ORANGE BLOSSOM TRL ORLANDO FL 32810	4948 N ORANGE BLOSSOM TRL ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1994			
State, Apt. #, etc.		State, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3239459		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

RAINWATER, CARL B
4948 N ORANGE BLOSSOM TRL
ORLANDO FL 32810

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Applicable)	
83	
84 City	FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Added
NAME	STEPHENS, KELLY D	1.2 NAME	
STREET ADDRESS	690 GLADWIN AVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	FERN PARK FL 32730	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Added
NAME	STEPHENS, ROYCE E	2.2 NAME	
STREET ADDRESS	RT 1 BOX 592	2.3 STREET ADDRESS	
CITY, ST, ZIP	AUBURNDALE FL 33823	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Added
NAME	RAINWATER, CARL B	3.2 NAME	
STREET ADDRESS	209 PALMETTO CONCOURSE	3.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL 32779	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Added
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Added
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Added
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information on a fact with this filing is substantially true, correct, and complete, and that the corporation has the same legal effect, and if made under oath, that I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 207, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Carl B. Rainwater* CARL B. RAINWATER Jan 9, 1995 407-243 378-0