

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

DOCUMENT # P94000031481 (2)

1. Corporation Name
FETCHIT, INC.



Principal Place of Business

733 YUKON ST NE
PALM BAY FL 32907

Mailing Address

733 YUKON ST NE
PALM BAY FL 32907

3. Date Incorporated or Qualified
04/22/1994

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 137-F Tomahawk Drive

26 157 Berkeley Street

4. FEI Number
59-3238602

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Ind. Har. Bch FL.

28 Sat. Beach FL.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24 32937

25 Brevard

29 32937

30 Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JIM O'BRIEN
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

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

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

(NOTE: Registered Agent Signature required when "for starting")

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☐ DELETE

NAME BRYCE CHARRON
STREET ADDRESS 157 BERKELEY ST
CITY-ST-ZIP SATELLITE BEACH FL

TITLE DVPS ☒ DELETE

NAME TODD CHARRON
STREET ADDRESS 733 YUKON ST NE
CITY-ST-ZIP PALM BAY FL

TITLE DAS ☒ DELETE

NAME HEATHER CHARRON
STREET ADDRESS 733 YUKON ST NE
CITY-ST-ZIP PALM BAY FL

TITLE D ☒ DELETE

NAME CHARRON, KATHLEEN
STREET ADDRESS 2412 SARNO RD
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 19.07(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:

Bryce A. Charron, Pres.

4/30/96

407-728-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)