

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000083292 (0)

1. Corporation Name

THE FULCRUM ALLIANCE, INC.



Principal Place of Business

Mailing Address

172 S HIBISCUS CT.  
PLANTATION FL 33317

172 S HIBISCUS CT.  
PLANTATION FL 33317

2. Principal Place of Business

21 4338 NW 26<sup>th</sup> Terr.

2a. Mailing Address

26 4338 NW 26<sup>th</sup> Terr.

Suite, Apt #, etc.

Suite, Apt #, etc.

23 City & State

Gainesville FL

27 City & State

Gainesville, FL

24 Zip

32605

25 Country

USA

29 Zip

32605

30 Country

USA

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0539835

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

SPENCE, JOHN B  
172 S HIBISCUS CT.  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name ROGER K. STRICKLAND

82 Street Address (P.O. Box Number is Not Acceptable)  
4338 NW 26<sup>th</sup> Terrace

84 City Gainesville

FL

85 Zip Code 32605

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 to 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]*

ROGER K. STRICKLAND, TREASURER

7/7/96

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SPENCE, JOHN B  
STREET ADDRESS % 172 S HIBISCUS CT.  
CITY - ST - ZIP PLANTATION FL 33317

TITLE DV  
NAME ROSS, RHETT C  
STREET ADDRESS % 172 S HIBISCUS CT.  
CITY - ST - ZIP PLANTATION FL 33317

TITLE DS  
NAME STRICKLAND, ROGER K  
STREET ADDRESS % 172 S HIBISCUS CT.  
CITY - ST - ZIP PLANTATION FL 33317

TITLE DT  
NAME STICKLAND, ROGER K  
STREET ADDRESS 172 SOUTH HIBICUS COURT  
CITY - ST - ZIP PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE DS  
32 NAME Roger K. Strickland  
33 STREET ADDRESS 4338 NW 26<sup>th</sup> Terr.  
34 CITY - ST - ZIP Gainesville, FL 32605

41 TITLE DT  
42 NAME Roger K. Strickland  
43 STREET ADDRESS 4338 NW 26<sup>th</sup> Terr.  
44 CITY - ST - ZIP Gainesville, FL 32605

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/96 (352) 371-7375

CR2E034 (3/96)