

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 # P95000008502 (3)

1. Corporation Name

FER MANAGEMENT, INC.



Principal Place of Business

Mailing Address

404 ALVARDO ST.
NORTH PORT FL 34287

404 ALVARDO ST.
NORTH PORT FL 34287

3. Date Incorporated or Qualified

3a. Date of Last Report

02/01/1995

4. FEI Number

Applied For

65-0561951

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

2. Principal Place of Business

2a. Mailing Address

21 OKEECHAWEE, FL 34974

26 RR 6 Box 801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 RR 6 Box 801

27

City & State

City & State

23 OKEECHAWEE, FL

28 OKEECHAWEE, FL

Zip

Country

Zip

Country

24 34974

25

29 34974

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, CLIFFORD M
100 WALLACE AVENUE
SUITE 380
SARASOTA FL 34237

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 607.0503, Florida Statutes.

SIGNATURE

Hayden P. Casler

PRASORAT

4-8-96

(Signature of Agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME FLOYD E. ADESCOR

STREET ADDRESS 404 ALVARADO ST.

CITY-STATE-ZIP NORTH PORT, FL 34287

TITLE ☐ DELETE

NAME MARGARET ADESCOR

STREET ADDRESS 404 ALVARADO STREET

CITY-STATE-ZIP NORTH PORT, FL 34287

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hayden P. Casler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRASORAT

4-8-96

941-426-3996

DATE

Daytime Phone #

CR2E034 (12/95)