FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FM II, INC.



DOCUMENT # P95000031094

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-29-1999 90046 012 ***150.00

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Principal Place of Business Mailing Address									1681(881 He 15191 5111 561			
9551 BAYMEADOWS RD 9551 BAYMEADOWS RD												
SUITE 4		SUI	SUITE 4									
JACKSONVILLE FL 32256 JACKSONVILLE F				δ				DO NOT WRITE IN THIS SPACE				
								3. Date Ir corporated or Qualifed 04/11/1995				
2. Principa PI	ace of Business	2a.	2a. Mailing Address			4.	FEI Nu	mber		Ar	oplied For	
21		26	⊢				59-33	314712		No.	ot Applicable	
Suite, Ant.	#. etc.	- 1201	Suite, Apt. #, etc.							\$8.75	Additional	
22	., 5.6.	27	, - 4,			5.	Certifc	ate of Status Desired	1 🗆	Fee R	ec uired	
City & State		— • -	City & State				Electio	1 Campaign Financi	ng	\$5.00	May Be	
L ·			28			1		und Contribution	a 🗆	•	tc Fees	
Zip Courtry			Zip Counti					This corporation owes the current year intangible				
—		29	├ ─ ┐		a.		Personal Property Tax.			IJNo		
24	9. Name and Address of Cu						10. Name and Address of New					
	9. Name and Address of Ct	meni wegis	lered Agent	_	81	Nam			unu i	<u>-</u>	-	
STO	Kes, E. Chester Jr											
9551	BAYMEADOWS RD				82	Stree	et Ac dress (P.	O. Box	Number is Not Acc	eptable)		
SUITE 4					83							
JA.CH	(SONVILLE FL 32256				84	City				F	85 Zip	Code
					<u> </u>							
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. (NOT = Re					Agent	t signatu	re required when re			DATE		
12.	<u> </u>	S AND DIRE		13.	<u>-</u> .		A	DDITK	ONS/CHANGES TO	OFFICERS.	Change	Addition
TITLE	DP		☐ DELETE	1.1 TI	ΠE						Change	L Addition
NAME	STOKES, E. CHESTER JR			1.2 N	ME							
STREET ADDRESS	9551 Baymeadows RD.	SUITE 4		1.3 \$1	REET	ADDRES	ss					
CITY-ST-ZIP	JACKSONVILLE FL 32256			1.4 CI	TY-ST	-ZIP						
TITLE	V		☐ DELETE	2.1 TI	rle.						☐ Change	Addition
NAME	BERGMANN, THOMAS C			2.2 N/	ME		i					
STREET ADDRESS	9551 BAYMEADOWS RD.	SUITE 4		2.3 \$1	REET	ADDRES	ss					ŀ
CITY-ST-ZIP	JACKSONVILLE FL 32256			2.4 C	ITY-SI	T- ZIP	1					
TITLE	V		☐ DELETE	3.1 TI		-					Change	☐ Addition
NAME	BRAREN, MICHAEL E			3.2 N	ME							
STREET ADDRESS	9551 BAYMEADOWS RD.	SUITE 4		3		ADDRES	ss					
	JACKSONVILLE FL 32256	JU., L 7			ITY-SI							
CITY-ST-ZIP	V		□ DELETE	4.1 TI		1 - EIF	+				Change	☐ Addition
	· ·			4 2 N			-				_ 3	_
NAME	WALLACE, DENISE L	CHITT 4				DC =-	00					
STREET ADDRESS	9551 BAYMEADOWS RD.	SUITE 4				ADDRES	00					
CITY-ST-ZIP	JACKSONVILLE FL 32256		Closusts	_	TY-ST	r-ZIP			· 		Change	Addition
TITLE	VT		☐ DELETE	5.1 TI							□ Change	☐ Vacarion
NAME	FREDENHAGEN, SHARON			5.2 N/								
STREET ADDRESS	9551 BAYMEADOWS RD.	SUITE 4				ADDRES	SS					
CITY-ST-ZIP	JACKSONVILLE FL 32256				TY-ST	r-zip						
TITLE	S		☐ DELETE	6.1 TI							☐ Change	☐ Addition
NAME	HICE, SHERRY			6.2 N	ME							
STREET ADDRESS	9551 BAYMEADOWS RD.	SUITE 4		6.3 \$1	TREET	ADDRES	ss					
CITY-ST-ZIP	JACKSONVILLE FL			6.4 C	TY-ST	r-ZIP						

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attact ment with an address, with all other like empowered.

SIGNATURE:

Sherry Hice

4/23/99

904/739-2249