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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000040031 (3)

1. Corporation Name
FULLENKAMP ENTERPRISES, INC.



Principal Place of Business: **3953 BROADWAY AVENUE FORT MYERS FL 33901**
Mailing Address: **3953 BROADWAY AVENUE FORT MYERS FL 33901-6109**

3. Date Incorporated or Qualified: **05/19/1995**
3a. Date of Last Report: **03/15/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 65-0582128	Applied For Not Applicable
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State					City & State					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip					Zip						
Country					Country						

9. Name and Address of Current Registered Agent FULLENKAMP, NANCY 3953 BROADWAY AVENUE FORT MYERS FL 33901				10. Name and Address of New Registered Agent			
B1 Name				LARRY BRITAIN			
B2 Street Address (P.O. Box Number is Not Acceptable)				3953 BROADWAY AVENUE			
B3							
B4 City				FORT MYERS		B5 Zip Code 33901	

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]* **LARRY BRITAIN, Pres.** DATE: **1-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	FULLENKAMP, NANCY	1.2 NAME	LARRY BRITAIN
STREET ADDRESS	3953 BROADWAY AVENUE	1.3 STREET ADDRESS	3929 SE 11TH AVENUE
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	VIP Sec/Treasurer	2.1 TITLE	VIP Sec/Treasurer
NAME	JENNIFER SCHABERGER	2.2 NAME	JENNIFER SCHABERGER
STREET ADDRESS	1128 BARTHOLOMEW DRIVE	2.3 STREET ADDRESS	1128 BARTHOLOMEW DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	2.4 CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 attachment with an address.

SIGNATURE: *[Signature]* **LARRY BRITAIN Pres.** DATE: **1-16-97**

CR2E034 (9/96)