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 # **P95000043342 (1)**

1. Corporation Name

FPM ENTERPRISES II, INC.

Principal Place of Business	Mailing Address
633 SOUTH TYNDALL PARKWAY PANAMA CITY FL 32404	633 SOUTH TYNDALL PARKWAY PANAMA CITY FL 32404

3. Date Incorporated or Qualified: 06/06/1995 | 3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3319533 ☐ 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

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~340 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: JAMES E. MORIN
82 Street Address (P.O. Box Number is Not Acceptable): 633 S. TYNDALL PKY
83:
84 City: PANAMA CITY FL 85 Zip Code: 32404

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: James E. Morin 5-15-96
(Signature Specifically Authorizing Registered Agent Change) (Signature of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SAKUGAWA, JON I	1.2 NAME	
STREET ADDRESS	~~633 SOUTH TYNDALL PARKWAY~~	1.3 STREET ADDRESS	2122 SHAMROCK LANE
CITY-ST-ZIP	~~PANAMA CITY FL 32404~~	1.4 CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	~~VD~~ ☐ DELETE	2.1 TITLE	~~2122 SHAMROCK LANE~~ ☑ Change ☐ Addition
NAME	~~WELLMAN, THOMAS E~~	2.2 NAME	
STREET ADDRESS	~~633 SOUTH TYNDALL PARKWAY~~	2.3 STREET ADDRESS	~~LYNN HAVEN FL 32444~~
CITY-ST-ZIP	~~PANAMA CITY FL 32404~~	2.4 CITY-ST-ZIP	
TITLE	~~STD~~ D/VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AMISON, CHONG H	3.2 NAME	
STREET ADDRESS	633 SOUTH TYNDALL PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32404	3.4 CITY-ST-ZIP	
TITLE	S T ☐ DELETE	4.1 TITLE	S T ☐ Change ☑ Addition
NAME		4.2 NAME	JAMES E. MORIN
STREET ADDRESS		4.3 STREET ADDRESS	633 S. TYNDALL PKY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: James E. Morin 5-15-96 (904) 763-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #