

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

FILED

Jun 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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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 32404-6927

2. Principal Place of Business

2a. Mailing Address

21 906 E. PARK ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PARKER

28 City & State

24 Zip

Country

29 Zip

Country

25 FL

32404

30

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

07/08/1996

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

10. Name and Address of New Registered Agent

MORIN, JAMES E  
345 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

633 S. Tyndall Pky

83 Panama City

84 City

FL

85 Zip Code

32404

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

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SAKUGAWA, JON I  
STREET ADDRESS 2122 SHAMROCK LANE  
CITY-ST-ZIP LYNN HAVEN FL

☐ DELETE

TITLE ~~VP~~  
NAME ~~WELLMAN, THOMAS E~~  
STREET ADDRESS ~~633 SOUTH TYNDALL PARKWAY~~  
CITY-ST-ZIP ~~PANAMA CITY FL 32404~~

☒ DELETE

TITLE STD  
NAME AMISON, CHONG H  
STREET ADDRESS 633 SOUTH TYNDALL PARKWAY  
CITY-ST-ZIP PANAMA CITY FL 32404

☐ DELETE

TITLE STV  
NAME MORIN, JAMES E  
STREET ADDRESS 633 S TYNDALL PLWY  
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

ADD VP VICE  
PRESIDENT

☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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



(904) 763-3998

CR2E034 (9/96)