SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE APPROVED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 96 SEP -9 PM 12: 01 P95000059494 (1) **DOCUMENT #** SECRETARY OF STATE ALLAHASSEE FLORIDA J.T. FOSDICK ASSOC'S, INC. Principal Place of Business Mailing Address 150-9 CABANA POINT CIRCLE SW 150-3 CABANA POINT CIRCLE SW STUART FL 34994 STUART FL 34994 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0681649 Not Applicable Suite. Ant # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Zio Country 8. This corporation has liability for intarigible tax under s. 199 032 24 25 29 30 Yes X No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOSDICK, JOHN T Street Address (P.O. Box Number is Not Acceptable). 150-3 CABANA POINT CIRCLE SW 82 STUART FL 34994 83 -09724796---01172---006 *****225.**0**0 City 84 85 Zip Code 11. Persuant 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 agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, type for profestinal in of reprierce agent and the flapper ab-(MOTE: Registered Agend's greature responed when reinstalling). 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TIFLE DELETE 1.1 TITLE Change X Addition JOHN T. FOSDICK NAME 1.2 NAME 150-3 CABANA POINT CINCLE S.W CR2E034 STREET ADDRESS 13 STREET ADORESS CITY-ST-ZIP 1.4 CITY - ST - ZIP FL 34994 TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 Title Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - \$1 - 7IP TITLE DELETE 51 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-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 arms a 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 are an officer or direct for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 127. Block is if chapter, or on an affactment with an address. PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: