

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

1. Corporation Name  
**ANGEL FULMER, INC.**

Principal Place of Business  
4741 ATLANTIC BLVD. #B-5  
JACKSONVILLE FL 32207-2168

**Mailing Address**  
**4741 ATLANTIC BLVD. #B-5**  
**JACKSONVILLE FL 32207-2168**

3. Date Incorporated or Qualified  
08/14/1995

**3a. Date of Last Report**  
**03/07/1996**

2. Principal Place of Business  
21 Rt 2 Box 40E  
Suite, Apt. #, etc.

2a. Mailing Address	
26	Rt. 2 Box 40 E
	Suite, Apt. #, etc

4. FEI Number	Applied For
58-3330600	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State **Altha, FL**  
Zip **32421** Country **U.S.**

City & State **Altha, AL**  
Zip **32421** Country **US**

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**

GRISSETT, W E JR  
4741 ATLANTIC BLVD. #B-5  
JACKSONVILLE FL 32207-2168

81	Name	Walter Schaffer Jr.		
82	Street Address (P.O. Box Number Is Not Acceptable)	2450 Esplanada Blvd Suite 108		
84	City	Clearwater	FL	85 Zip

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 \_\_\_\_\_

1. **State, Federal or Private?** ☐ State ☐ Federal ☐ Private

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.	OFFICERS AND DIRECTORS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GRISSETT, W E JR	
STREET ADDRESS	4741 ATLANTIC BLVD. #B-5	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVERA, ANGEL L	
STREET ADDRESS	RT 2 BOX 40-E	
CITY-ST-ZIP	ALTHA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CHERRY DANIEL	
STREET ADDRESS	5149 PEANUT ROAD	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FULMER, DANIEL E	
STREET ADDRESS	5149 PEANUT ROAD	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:**

Block 15 if changed, or on an attachment with an address.

*Cesar F. Rivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

003 13:08

CR2E034 (9/96)