

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

FILED

Feb 10 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P95000063212 (1)

1. Corporation Name  
ANGEL FULMER, INC.

Principal Place of Business

Mailing Address

RT 2 BOX 40 E  
ALPHA FL 32421  
US

RT 2 BOX 40 E  
ALPHA FL 32421  
US



DO NOT WRITE IN THIS SPACE

|                                |                   |                     |                   |  |  |
|--------------------------------|-------------------|---------------------|-------------------|--|--|
| 2. Principal Place of Business |                   | 2a. Mailing Address |                   | 3. Date Incorporated or Qualified<br>08/14/1995  |  |
| 21                             | Suite, Apt #, etc | 26                  | Suite, Apt #, etc | 4. FEI Number<br>59-3330600  |  |
| 22                             | City & State      | 27                  | City & State      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23                             | Zip               | 28                  | Zip               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 24                             | Country           | 29                  | Country           | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Schafer Jr Walter L.  
82 Street Address (P.O. Box Number is Not Acceptable) 2430 Estancia Blvd.  
83 Suite 108  
84 City Clearwater FL 85 Zip Code 34621

11. Pursuant to the provisions of Section 607.1502 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-98

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------|---|---|
| TITLE                      | AS                       | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GRISSETT, W E JR         | 1.2 NAME  |   |
| STREET ADDRESS             | 4741 ATLANTIC BLVD. #B-5 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE FL          | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | PO                       | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RIVERA, ANGEL L          | 2.2 NAME  |   |
| STREET ADDRESS             | RT 2 BOX 40-E            | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ALPHA FL                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHERRY DANIEL            | 3.2 NAME  |   |
| STREET ADDRESS             | 5149 PEANUT ROAD         | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | GRACEVILLE FL            | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | STD                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FULMER, DANIEL E         | 4.2 NAME  |   |
| STREET ADDRESS             | 5149 PEANUT ROAD         | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | GRACEVILLE FL            | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 5.2 NAME  |   |
| STREET ADDRESS             |                          | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                          | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 6.2 NAME  |   |
| STREET ADDRESS             |                          | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                          | 6.4 CITY - ST - ZIP                                   |   |

14. I 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]* 1-29-98 850-526-3626

CR2E034 (10/97)