

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 # P95000079207

1. Corporation Name

FPR, INC.

700001838307
-05/24/96--01034--004
***208.75

Principal Place of Business

3885 SE Lake Weir Ave.
Ocala, FL 34480

Mailing Address

Post Office Box 608
Crescent City, FL
32112

3. Date Incorporated or Qualified

10/16/95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3343031

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

William C. Haldin, Jr., Esquire
808 SE Fort King Street
Ocala, Florida 34471

81. Name

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

83.

84. City

FL

85. Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
President
Leigh Kobelin
P. O. Box 369
Ocala, FL 34478

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
1545 S.E. 37th Avenue
Ocala, FL 34471

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
W. Harold Donahue
P. O. Box 369
Ocala, FL 34478

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
5521 S.W. 7th Avenue
Ocala, FL 34474

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Norma Frazer
P. O. Box 608
Crescent City, FL 32112

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
174 Moonlight Dr.
Welaka, FL 32193

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh Kobelin

4/29/96

Date

352-690-6161

Daytime Phone #

CR2E034 (12/95)