

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000088608

1. Corporation Name

FANKHAUSER, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90062 015 ***150.00



Deinging Di-	of Business	Mailing Address					
Principal Place of Business Mailing Address 1304 MENNA STREET 1304 MENNA STREET						,	
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205					DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified 11/16/1995		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 178	50-Huntley-Mang-DRZ	<u> </u>	<u>-raltm</u>	Well-Du	<u>~ 59-3341068 </u>		_Not.Applicable_
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		5 Additional e Required
City & State				Trust Fund Contribution Added t		00 May Be ded to Fees	
Zip 37				ŠΑ	8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24 56	9. Name and Address of Current		<u>,,,, , , , , , , , , , , , , , , , , ,</u>	ــــــــــــــــــــــــــــــــــــــ	10. Name and Address of New	Registered Agent	
-	V. Huma and Addition of Wallett		81	Name			
FANKHAUSER, ROBERT K III 1304 MENNA STREET				Street Addr	Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32205				83			
			84	City		FL 85	Zip Code
	to the provisions of Sections 607.0502	d CO7 4509 Flasida Statutos	the ober	o named asm	oration cultimits this statement for the		a its registered
office or r	egistered agent or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	thorized by da Statute	y the corporations.	on's board or directors. I hereby acce	pt the appointment a $1-1-99$	as registered
Signature, type or parted name of registered agent and title if applicable. (NOTE: Registered Agent s 12. OFFICERS AND DIRECTORS 13.						TICEDO AND DIDE	OTOBE IN 12
12.	, <u> </u>	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OF	Cha	
TITLE	P DANIELLA SOCIO DADENTE E IN	□ beceit	1.2 NAME				
NAME	FANKHAUSER, ROBERT K III 1304 MENNA STREET		•	ET ADDRESS			ł
STREET ADDRESS	JACKSONVILLE FL 32205		1.3 GTY-1				أ
CITY-ST-ZIP TITLE	JACKSONVIELE PE 32205	DELETE	2.1 TITLE			□ Cha	nge Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP			2. 4 CfTY-	}			
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	nge Addition
NAME			3.2 NAME				l
STREET ADDRESS			3.3 STREE	ET ADDRESS			{
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge
NAME			4. 2 NAME				(
STREET ADDRESS			4 3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	_		Cha	nge
NAME			5.2 NAME	- 1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			54 CITY				
TITLE		☐ DELETE	6.1 TITLE			Cha	nge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ET 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR