

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000021039 (8)

1. Corporation Name  
FLECK ENTERPRISES, INC.



Principal Place of Business

Mailing Address

P O BOX 8441  
CLEARWATER FL 34618-8441

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CLEARWATER FL 34618-8441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

59-3364138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 1601 Scott Street

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

Zip

24 33755

Country

25 U.S.A.

2a. Mailing Address

26 1601 Scott Street

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip

29 33755

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CONETTA, TAMI F  
1245 COURT ST, SUITE 102  
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name Anthony T. Fleck JR.

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

1601 Scott Street

83

84

City Clearwater

FL

85

Zip Code 33755

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

*Anthony T. Fleck JR.*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3-20-1998*  
DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME FLECK, ANTHONY T JR  
STREET ADDRESS P O BOX 8441 N/A  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Anthony T. Fleck JR.*

*3-20-1998 (813) 449-9213*

CR2E034 (10/97)