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

CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000062974 (6) DOCUMENT #

FULLER PRODUCTS, INC.

Principal	Place	of	Business
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FILED May 05 1998 8:00am Secretary of State



Principal Place	9 Of Business	Mailing Address			
36120 ALLEN'S ALLEY DRIVE			36120 ALLEN'S ALLEY DRIVE		
EUSTIS FL 32	736	EUSTIS FL 32736			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/24/1996
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	4. E65,666	26			59-3394833 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	· · · - · · · · · · ·		- \$8.75 Additional
22	n, 400.	27			5. Certificate of Status Desired Fee Regulred
City & State	3	City & State			
23	-	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Countr		8. This corporation owes or has paid the current year Intangible
24	25	29	30	,	Personal Property Tax due June 30. Yes No
[27]	g. Name and Address of Curren	and the second second second second second	1301		10. Name and Address of New Registered Agent
LA/E			61	Name	10,
	STCOTT, ELIZABETH D			}	
	20 ALLEN'S ALLEY DRIVE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
EU	STI\$ FL 32736		83	-	
			"		
			84	City	85 Zip Code
	<u> </u>				FL S Z COUR
11. Pursuant t	to the provisions of Sections 607.050 polistered agent, or both, in the State	2 and 607,1508, Florida Statu of Florida, Such change was	ates, the above authorized b	e-named co v the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I bereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statute	S.	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of regulated age			ent signature req	quired when reinstating) DATE
12.	OFFICERS ANI		13.	r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	İ	☐ Change ☐ Addition
NAME	FULLER, GRACEANN W		1.2 NAME		
STREET ADDRESS	36142 ALLENS ALLEY DR		1.3 STREE	F ADDRESS	
CITY-ST-ZIP	EUSTIS FL		1.4 CITY-	ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE		Change Addition
NAME	Westcott, Elizabeth D		2 2 NAME		
STREET ADDRESS	36 120 ALLENS ALLEY DR		23 STHEE	r address	
CITY-ST-ZIP	EUSTIS FL		2 4 0174-	ST - ZIP	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			3 4. CITY-		
TITLE		DELETE	4.1 7(TLE	U1 411	Change Addition
NAME		Sand Section	4. 2 NAME		_ started
STREET ADDRESS				F ADDRESS	
CITY-ST-ZIP		DESCRIP	4.4 C!TY-	ST-ZIP	Change I Addition
TITLE		L DELETE	5.1 TITLE		LJ Change LJ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	r address	
CITY-ST-ZIP	2		5.4 CiTY-	S1 - 2(P	
TITLE	-	☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	r 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 changes, or on an attachment with an address.