PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DC) C	U	M	E	N	T	#
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P96000076693

1. Corporation Name

R.G. FLETCHER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5995 PINE RIDGE ROAD NAPLES FL 34119 5995 PINE RIDGE ROAD NAPLES FL 34119 FILED

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SEBRETARY OF STATE TALEAHASSEE, FLORIDA



If above a	ddresses are	incorrect in any way, line to	arough incorrect in	nformation a	nd enter correction below	REINS	TATEMEN		
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili		ing Office Address, If Applicable		Date Incorporated or Qualified		09/13/1996			
Suite, Apt.	Suite, Apt		Suite, Apt. #.	, etc.				03/10/1880	
City & State City &		City & State	State		59-3400188		Applied For Not Applicable		
Zip	•	Country	Zip		Country	— 6. CERTIFICATE		75 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)			
Title(s) 1 Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip				
D FLETCHER, ROBERT G		ier, robert g		5995 PINE RIDGE ROA		NAPLES FL 34119			
						5	00004658 -10/29/01 ****750.00	32057 01106010) ****750.00	
		<u>, , , , , , , , , , , , , , , , , , , </u>							
								LS	
	8. Nam	e and Address of Curren	t Registered Age	ent		9. Name and	Address of New Registered	Agent	
FLETCHER, ROBERT G 5995 PINE RIDGE ROAD NAPLES FL 34119					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
Signature o Registered	f Agent	Palin	TUPIEREGISTERED AG	LUE ENT MUST			Date / O		
							apter 607 or 617, F.S. I further of section 607.0401 or 617.0		

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10-2-01

e Daytime Pho