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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000083429 (6)

1. Corporation Name
F.E.M.C.O. INC. OF BREVARD



Principal Place of Business
5630 FALCON BLVD
PORT ST JOHN FL 32927

Mailing Address
5630 FALCON BLVD
PORT ST JOHN FL 32927-3342

3. Date Incorporated or Qualified
10/07/1996

3a. Date of Last Report
N/A

4. FEI Number
59-3403701

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

SOBIEN, WAYNE J
101 S COURTENAY PARKWAY
MERRITT ISLAND FL 32954

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 105
84 City
85 Zip Code

Sobien, Wayne J
1315 TUSKAWILLA RD
Suite 105
Winter Springs FL 32708

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	D	1.1 TITLE	P/D
NAME	ANDERSON, RANDALL D	1.2 NAME	
STREET ADDRESS	5630 FALCON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL 32927	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V/D
NAME	ASCRAFT, CARL D	2.2 NAME	
STREET ADDRESS	4150 DELESPINE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL 32927	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	S/D
NAME	ASHCRAFT, MARY E	3.2 NAME	
STREET ADDRESS	4150 DELESPINE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL 32927	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	T/D
NAME	ANDERSON, KIMBERLY A	4.2 NAME	
STREET ADDRESS	5630 FALCON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST JOHN FL 32927	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

Randall D Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall D Anderson President 4-8-97 407-639-1003
Date Daytime Phone *

0110108

CR2E034 (9/96)