

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 007 ***550.00

DOCUMENT # **P97000003366**

Corporation Name

FULLER PROPERTIES, INC.



Principal Place of Business

376 WOLF'S TRAIL
SORRENTO FL 32776

Mailing Address

32376 WOLF'S TRAIL
SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3431907

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

25

29

30

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	PSD FULLER, MARCY MARILYN 32376 WOLF'S TRAIL SORRENTO FL 32776	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS			1.2 NAME		
3. CITY-STATE-ZIP			1.3 STREET ADDRESS		
4. NAME	VTD FULLER, GEORGE HENRY 32376 WOLF'S TRAIL SORRENTO FL 32776	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP		
5. STREET ADDRESS			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP			2.2 NAME		
7. NAME			2.3 STREET ADDRESS		
8. STREET ADDRESS			2.4 CITY-STATE-ZIP		
9. CITY-STATE-ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME			3.2 NAME		
11. STREET ADDRESS			3.3 STREET ADDRESS		
12. CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		
13. NAME			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS			4.2 NAME		
15. CITY-STATE-ZIP			4.3 STREET ADDRESS		
16. NAME			4.4 CITY-STATE-ZIP		
17. STREET ADDRESS			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP			5.2 NAME		
19. NAME			5.3 STREET ADDRESS		
20. STREET ADDRESS			5.4 CITY-STATE-ZIP		
21. CITY-STATE-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME			6.2 NAME		
23. STREET ADDRESS			6.3 STREET ADDRESS		
24. CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)