

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90051 031 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P98000083548**

1. Corporation Name  
**F & S ENTERPRISES ORANGE PARK, INC.**



Principal Place of Business 2522 CAPITAL CIRCLE N.E., STE. 11 TALLAHASSEE FL 32308	Mailing Address 2522 CAPITAL CIRCLE N.E., STE. 11 TALLAHASSEE FL 32308
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>SIS JOHN KNOX RD</b>		2a. Mailing Address 26 <b>SAME</b>		3. Date Incorporated or Qualified <b>09/28/1998</b>	
22 <b>B</b>		27		4. FEI Number <b>59-3537921</b>	
23 <b>TALLAHASSEE FL</b>		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32303</b>		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>FL</b>		30		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SWARTZ, PHILIP D 2522 CAPITAL CIRCLE N.E., STE. 11 TALLAHASSEE FL 32308</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PHILIP D. SWARTZ OWNER</b>
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	<b>2522 CAPITAL CR NE</b>
		1.3 STREET ADDRESS	<b>TALLAHASSEE FL 32308</b>
		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>GAYLON E. FRUIT OWNER</b>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	<b>SIS JOHN KNOX RD - B</b>
		2.3 STREET ADDRESS	<b>TALLAHASSEE, FL 32303</b>
		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	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 119.073(1), 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, with a different like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4-24-99** DAYTIME PHONE #: **850 386-5552**

CR2E034 (1/198)