

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90107 011 \*\*\*150.00

**DOCUMENT # P99000030048**  
 1. Entity Name  
**FGI, INC.**

Principal Place of Business 1310 S 14TH STREET FERNANDINA BEACH FL 32034	Mailing Address 1310 S 14TH STREET FERNANDINA BEACH FL 32236-7228
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2. Principal Place of Business 2826 Lenox Avenue Suite, Apt. #, etc.	3. Mailing Address P. O. Box 37228 Suite, Apt. #, etc.
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City & State Jacksonville, Fl 32254	City & State Jacksonville, Fl 32236	4. FEI Number 59-3567070	Applied For <input type="checkbox"/> Not Applicable
Zip 32254	Country USA	Zip 32236	Country USA



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**HARVEY, W. RAY**  
 1310 S 14TH STREET  
 FERNANDINA BEACH FL 32034

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 2826 Lenox Avenue  
 Jacksonville, Fl 32254  
 City  
 Jacksonville, Fl 32254 **FL** Zip Code  
 32254

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Ray Harvey* (NOTE: Registered Agent signature required when reinstating) DATE *1/19/00*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Ray Harvey
STREET ADDRESS	2826 Lenox Avenue
CITY-ST-ZIP	Jacksonville, Fl 32254
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ray Harvey* **SIGNATURE REQUIRED** DATE: *1/19/00* DAYTIME PHONE #: *904-384-5559*