

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 042 ***150.00

DOCUMENT # P99000076104

1. Entity Name
4-PLEX INVESTMENTS, INC.



Principal Place of Business
**6460 JUSTICE AVENUE
MILTON, FL 32570**

Mailing Address
**6460 JUSTICE AVENUE
MILTON, FL 32570**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3598173

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOCKLIN, JACK JR.
6460 JUSTICE AVE
MILTON, FL 32570**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LOCKLIN, JACK JR.**
STREET ADDRESS **77 JONES AVENUE**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☒ Change ☐ Addition
NAME **Locklin, Jack Jr.**
STREET ADDRESS **6460 Justice Avenue**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☐ Delete
NAME **MCCOOL, RICHARD**
STREET ADDRESS **912 LAKEWOOD DRIVE**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☒ Change ☐ Addition
NAME **McCool Richard**
STREET ADDRESS **5318 Lakewood Drive**
CITY-ST-ZIP **Milton, FL 32570**

TITLE **D** ☐ Delete
NAME **WEBSTER, DOUGLAS A**
STREET ADDRESS **5679 BERRYHILL ROAD**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FIELDS, RON**
STREET ADDRESS **4195 NORTH CAMBRIDGE WAY**
CITY-ST-ZIP **MILTON, FL 32571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

**850
623-2500**

Daytime Phone #