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Mar 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # S07196

1. Corporation Name
FBMA SERVICES CORPORATION



| | |
|---|---|
| Principal Place of Business 1303 LIMIT AVE. P.O. BOX 65 MT. DORA FL 32757-0065 | Mailing Address 1303 LIMIT AVE. P.O. BOX 65 MT. DORA FL 32757-0065 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | |
|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 10/16/1990 | 4. FEI Number 59-3039418 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent
CARSON, WILLIAM B.
 1301 LIMIT AVE
 MONT DORA FL 32757

10. Name and Address of New Registered Agent
 81 Name **George W. Tucker**
 82 Street Address (P.O. Box Number is Not Acceptable)
1303 Limit Avenue
 83
 84 City **Mount Dora** FL 85 Zip Code **32757**

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]* DATE **1/19/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DIETRICH, ED | |
| STREET ADDRESS | 77 SE 2ND AVE | |
| CITY-ST-ZIP | DEERFIELD BEACH FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | DUNN, SAM | |
| STREET ADDRESS | 415 ORANGE AVE | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | NICHOLSON, CHARLES | |
| STREET ADDRESS | 225 E OAK ST | |
| CITY-ST-ZIP | WAUCHULA FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GOOLSBY, RICK | |
| STREET ADDRESS | 11655 SE HWY 441 | |
| CITY-ST-ZIP | BELLEVIEW FL 34420 | |
| TITLE | PPD | <input checked="" type="checkbox"/> DELETE |
| NAME | CLARK, YANDLE | |
| STREET ADDRESS | 834 N. MAGNOLIA AVE. | |
| CITY-ST-ZIP | OCALA FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | CARSON, WILLIAM B. | |
| STREET ADDRESS | 1303 LIMIT AVE | |
| CITY-ST-ZIP | MT DORA FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----|--|
| 1.1 TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 119.07(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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/19/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

235784-90131-18
S 07196

13. Additions/Changes to Officers and Directors in 12

D

Blocker, Brian
1330 N. Cocoa Blvd.
Cocoa, FL 32922

T

Monroe, Jr., Jack R.
460 N.W. Enterprise Drive
Port St. Lucie, FL 34984