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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S62722 (1)

1. Corporation Name

BEVERLY SUE FULMER, INC.

Principal Place of Business

3203 LAWTON RD. STE 145
ORLANDO FL 32803
US

Mailing Address

2011 VIRGINIA DR
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3080134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 3203 LAWTON RD
Suite, Apt. #, etc. SUITE 145

2a. Mailing Address

26 2011 VIRGINIA DR
Suite, Apt. #, etc.

22 ORLANDO FL

27

City & State

City & State

23 ORLANDO FLORIDA

28 ORLANDO FLORIDA

Zip 32803

Country ORANGE

Zip 32803

Country ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULMER, BEVERLY SUE
2011 VIRGINIA DR
ORLANDO FL 32803

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D President
NAME FULMER, BEVERLY SUE
STREET ADDRESS 2011 VIRGINIA DR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME FULMER, BEVERLY SUE
1.3 STREET ADDRESS 2011 VIRGINIA DR
1.4 CITY-ST-ZIP ORLANDO FL 32803

TITLE D
NAME FULMER, MILTON H.
STREET ADDRESS POST OFFICE BOX 5170 N/A
CITY-ST-ZIP DESTIN FL 32540

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME FULMER, MILTON H.
2.3 STREET ADDRESS P.O. BOX 5170
2.4 CITY-ST-ZIP DESTIN FLORIDA 32540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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:

Beverly Sue Fulmer

3/9/95

407-898-7131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY SUE FULMER, PRESIDENT/Director