

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90086 035 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # S69663

1. Corporation Name

FORTON INDUSTRY INC.

Principal Place of Business

5111 SABAL PALM RD.
 UNIT 87
 FERNANDINA BEACH FL 32034

Mailing Address

5111 SABAL PALM RD.
 UNIT 87
 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1991

4. FEI Number

59-3078543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FORTON, WILLIAM
 5111 SABAL PALM RD, UNIT 87
 FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

Forton, Margaret E

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

Margaret E. Forton Pres **MARGARET E. FORTON** *March 28, 1999*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PS ☐ DELETE

NAME FORTON, WILLIAM

STREET ADDRESS 5111 SABAL PALM ROAD, UNIT 87

CITY-ST-ZIP FERNANDINA BEACH FL

1.2 TITLE VPT ☒ DELETE

NAME FORTON, MARGARET E.

STREET ADDRESS 5111 SABAL PALM ROAD, UNIT 87

CITY-ST-ZIP FERNANDINA BEACH FL

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.9 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.10 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, V, S, T ☒ Change ☐ Addition

1.2 NAME Forton, Margaret

1.3 STREET ADDRESS 5111 Sabal Palm Rd Unit 87

1.4 CITY-ST-ZIP Fernandina Bch FL 32034

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Margaret E. Forton Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99
 Date

1-904-
 277-1535
 Daytime Phone #

CR2E034 (11/98)