

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S98877** (1)
1. Corporation Name
FULMER'S MARKET PLACE, INC.

Principal Place of Business 184 E PINE AVE ST GEORGE ISLAND FL 32328 US	Mailing Address H.C.R. BOX 21 ST. GEORGE ISLAND FL 32328
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 148 E PINE AVE Suite, Apt. #, etc.		2a. Mailing Address 26 148 E PINE AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/06/1991	
22 City & State 23 ST GEORGE ISLAND FL		27 City & State 28 ST GEORGE ISLAND FL		4. FEI Number 59-3095867 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip 32328 25 Country US		29 Zip 32328 30 Country US		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LONBOM, PAUL W. H.C.R. BOX 21 ST. GEORGE ISLAND FL 32328		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 332 HOWELL STREET 83 84 City ST GEORGE ISLAND FL 85 Zip Code 32328	
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P FULMER, DAVID E.	1.2 NAME	448 E PINE AVE
STREET ADDRESS	H.C.R. BOX 21 N/A	1.3 STREET ADDRESS	ST GEORGE ISLAND FL 32328
CITY-ST-ZIP	ST. GEORGE ISLAND FL	1.4 CITY-ST-ZIP	ST GEORGE ISLAND FL 32328
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	448 E PINE AVE
STREET ADDRESS	H.C.R. BOX 21 N/A	2.3 STREET ADDRESS	ST GEORGE ISLAND FL 32328
CITY-ST-ZIP	ST. GEORGE ISLAND FL	2.4 CITY-ST-ZIP	ST GEORGE ISLAND FL 32328
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Martha J. Fulmer / MARTHA T. FULMER**

4/29/98

850-927-2808

CR2E034 (10/97)