


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90070 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S98877 1. Corporation Name FULMER'S MARKET PLACE, INC.			
Principal Place of Business 148 E. PINE AVE ST GEORGE ISLAND FL 32328 US		Mailing Address 148 E. PINE AVE ST GEORGE ISLAND FL 32328 US	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
24. 25.		29. 30.	
9. Name and Address of Current Registered Agent LONBOM, PAUL W. 332 HOWELL STREET ST GEORGE ISLAND FL 32328		10. Name and Address of New Registered Agent 81. Name FULMER DAVID E. 82. Street Address (P.O. Box Number is Not Acceptable) 448 E PINE ST 83. ST 84. City ST GEORGE ISL FL 85. Zip Code 32328	
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 <i>David E. Fulmer</i> DATE 3-16-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME FULMER, DAVID E. STREET ADDRESS 448 E. PINE AVE CITY-ST-ZIP ST GEORGE ISLAND FL 32328		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input 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 <input 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: *Martha T. Fulmer*
 MARTHA T. FULMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99
Date

850-927-2808
Daytime Phone #

CR2E034 (1/98)