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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V47500** **(6)**

1. Corporation Name

F. C. & G., INC.

Principal Place of Business	Mailing Address
3121 VENTURE PLACE, SUITE #4 JACKSONVILLE FL 32257	3121 VENTURE PLACE, SUITE #4 JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 10/19/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0342901 ☐ 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

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

9. Name and Address of Current Registered Agent

THOMPSON, JAMES C
3121 VENTURE PLACE, SUITE 4
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, JAMES C	1.2 NAME	
STREET ADDRESS	2319 BISHOP ESTATES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SOMERS, PAUL	2.2 NAME	
STREET ADDRESS	2503 BISHOP ESTATES RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GRUPPE, WILLIAM	3.2 NAME	
STREET ADDRESS	4501 N WHEELING AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GANT, STEPHEN	4.2 NAME	
STREET ADDRESS	3914 LAKESIDE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, MICHAEL	5.2 NAME	
STREET ADDRESS	1004 N BALSM	5.3 STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	TERRELL, DOUGLAS	6.2 NAME	
STREET ADDRESS	601 YORK CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOBLESVILLE IN 46060	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)(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: James C. Thompson 3/15/95 (904)2628234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0028111 CP