

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47500** (6)

1. Corporation Name
F. C. & G., INC.

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

Mailing Address
**3121 VENTURE PLACE, SUITE #4
JACKSONVILLE FL 32257**



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 07/02/1992	3a. Date of Last Report 03/21/1995
4. FEI Number 65-0342901	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0507 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 official capacity

Signature, typed or printed name of new registered agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, JAMES C	
STREET ADDRESS	2319 BISHOP ESTATES RD	
CITY- ST- ZIP	JACKSONVILLE FL 32259	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOMERS, PAUL	
STREET ADDRESS	2503 BISHOP ESTATES RD	
CITY- ST- ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRUPPE, WILLIAM	
STREET ADDRESS	4501 N WHEELING AVE	
CITY- ST- ZIP	MUNCIE IN 47304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GANT, STEPHEN	
STREET ADDRESS	3914 LAKESIDE DR	
CITY- ST- ZIP	MUNCIE IN 47304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, MICHAEL	
STREET ADDRESS	1004 N BALSM	
CITY- ST- ZIP	MUNCIE IN 47304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERRELL, DOUGLAS	
STREET ADDRESS	601 YORK CIRCLE	
CITY- ST- ZIP	NOBLESVILLE IN 46060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
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	

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 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:

J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- President

3/12/94

904-862-8234

Exhibit F Form 2

CR2E034 (12/95)