

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32257-6218**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. 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	

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	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Thompson

3/10/97

904-262-8234

CR2E034 (9/96)