

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
3121 VENTURE PLACE, SUITE #4  
JACKSONVILLE FL 32257

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1992

4. FEI Number

65-0342901

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME THOMPSON, JAMES C  
STREET ADDRESS 2319 BISHOP ESTATES RD  
CITY-STATE-ZIP JACKSONVILLE FL 32259

DELETE

TITLE V  
NAME SOMERS, PAUL  
STREET ADDRESS 2503 BISHOP ESTATES RD  
CITY-STATE-ZIP JACKSONVILLE FL 32259

DELETE

TITLE D  
NAME GRUPPE, WILLIAM  
STREET ADDRESS 4501 N WHEELING AVE  
CITY-STATE-ZIP MUNCIE IN 47304

DELETE

TITLE D  
NAME GANT, STEPHEN  
STREET ADDRESS 3914 LAKESIDE DR  
CITY-STATE-ZIP MUNCIE IN 47304

DELETE

TITLE D  
NAME BARNES, MICHAEL  
STREET ADDRESS 1004 N BALSM  
CITY-STATE-ZIP MUNCIE IN 47304

DELETE

TITLE D  
NAME TERRELL, DOUGLAS  
STREET ADDRESS 801 YORK CIRCLE  
CITY-STATE-ZIP NOBLESVILLE IN 46060

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

CR2E034 (10/97)