

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 029 ***150.00

DOCUMENT # V47500

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0342901**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 BALSAM	
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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 904-262-8234
 Date Daytime Phone #

CR2E034 (9/01)