

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90186 045 ***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**



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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JAMES C	NAME	
STREET ADDRESS	2319 BISHOP ESTATES RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMERS, PAUL	NAME	
STREET ADDRESS	2503 BISHOP ESTATES RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32259	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUPPE, WILLIAM	NAME	
STREET ADDRESS	4501 N WHEELING AVE	STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANT, STEPHEN	NAME	
STREET ADDRESS	3914 LAKESIDE DR	STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, MICHAEL	NAME	
STREET ADDRESS	1004 N BALSAM	STREET ADDRESS	
CITY-ST-ZIP	MUNCIE IN 47304	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, DOUGLAS	NAME	
STREET ADDRESS	601 YORK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	NOBLESVILLE IN 46060	CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4/21/03** **904 2628234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)