

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **508103** (9)

1. Corporation Name
GILLESPIE BRACE & LIMB, INC.



Principal Place of Business: **4621 N. DAVIS HWY PENSACOLA FL 32503**
Mailing Address: **4621 N. DAVIS HWY PENSACOLA FL 32503**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/29/1976	3a. Date of Last Report 05/01/1995
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-1711817	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GILLESPIE, JEROLD DAN 4621 N. DAVIS HWY PENSACOLA FL 32503				10. Name and Address of New Registered Agent	
				81 Name	Bradford, Kelley M.
				82 Street Address (P.O. Box Number is Not Acceptable)	4621 N. Davis Highway
				83	
				84 City	Pensacola
				FL	85 Zip Code 32503

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: *Kelley M. Bradford* DATE: **3/5/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GILLESPIE, JEROLD DAN			1.2 NAME	Bradford, Kelley M.		
STREET ADDRESS	RT. 7, BOX 82-A			1.3 STREET ADDRESS	2463 Renfro Road		
CITY-ST-ZIP	MILTON FL			1.4 CITY-ST-ZIP	Pace, FL 32571		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLESPIE, SANDRA G			2.2 NAME			
STREET ADDRESS	RT. 7, BOX 82-A			2.3 STREET ADDRESS			
CITY-ST-ZIP	MILTON FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Kelley M. Bradford* DATE: **3/5/96**

CR2E034 (12/95)