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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F05767 (1)

1. Corporation Name
S. GAGER INDUSTRIES, INC.



Principal Place of Business: C/O J. QUINTON RUMPH, 11436 PHILLIPS HWY, JACKSONVILLE FL 32256-1636
Mailing Address: C/O J. QUINTON RUMPH, 11436 PHILLIPS HWY, JACKSONVILLE FL 32256-1636

3. Date Incorporated or Qualified: 11/18/1980
3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-2040980
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
RUMPH, J. QUINTON
11436 PHILLIPS HWY
JACKSONVILLE FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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)

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: GAGER, FOREST STREET ADDRESS: 11436 PHILLIPS HWY CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
TITLE: TD NAME: GAGER, LINDA D STREET ADDRESS: 11436 PHILLIPS HWY CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
TITLE: C NAME: GAGER, LAWRENCE J JR STREET ADDRESS: 11436 PHILLIPS HWY CITY-ST-ZIP: JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE
TITLE: VP NAME: GAGER, GEORGE B STREET ADDRESS: 11436 PHILLIPS HWY CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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: *Linda Gager* Linda Gager Feb. 26 1997 (904) 265-6727

CR2E034 (9/96)