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PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Block 12 or Block 13 if changed, or op

GILLETTE WHEELCHAIR ENGINEERS, INC.

Mailing Address 5007 N. DAVIS HWY.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business 5007 N. DAVIS HWY. PENSACOLA FL 82503 PENSACOLA FL 32503 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4928 N. DAUS HWY 59-23 16538 4928 N. DAVES HOLY Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 4.5. Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GILLETTE, RON 5007 N. DAVIS HWY. Street Address (P.O. Box Number is Not Acceptable)
4928 WORTH DAXS HEXWAY 82 PENSACOLA FL 32503 84 Zip Code City 85 27 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered age agent. I am familiar with SIGNATURE ne of registered agent and tile it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition □ DELETE 1.1 TITLE TITLE **GILLETTE, RON** 12 NAME NAME 4928 N. DAVES HWY. 5007 N. DAVIS HWY. STREET ADDRESS 1.3 STREET ADDRESS **PENSACOLA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GILLETTE, RON 2.2 NAME NAME 5007 N. DAVIS HWY. 4928 N. PAUTS HWY. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2.4 CITY-ST-ZiP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with the filling 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 supplication of the corporation or the receiver of 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 of true appears in the report as required by Chapter 607, Florida Statutes; and that my name appears in