## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K49662

(5)

GENTLEMAN JIM'S, INC.

## **FILED** May 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- readinati air atara tatis artin attin attin at	EIT BIBTE BEDEL C		1 01011 <b>100</b> 1	
1651 S.E. FEDERAL HWY. 1651 S.E. FEDERAL HWY.										
STUART FL 34994 STUART FL 34994				DO NOT INDITE IN THIS OD				_		
						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						12/07/1988				
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		An	plied For	
21	26					65-0092351		- ·	t Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc.						5. Certificate of Status Desired	-) \$E	J.75 ₽	Additional	
22	27				·	5. Cermicate of Status Desired	<u>-</u>	Fee Re	quired	
City & State	<b>ի</b> ը					6. Election Campaign Financing			May Be	
<b>23</b> Zip	Country	<b>28</b> Zip	Cou	ntry		Trust Fund Contribution L			o Fees	
24	25	29	30	т. у		8. This corporation owes or has paid to Personal Property Tax due June 30			angible No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
PU	LTZ, WESLEY JR.	Name								
1239 S.W. SEAHAWK WAY					Street Addre	ess (P.O. Box Number is Not Acceptable)				
PALM CITY FL 34990					Sireet Addre	755 (1.O. DOX HOTIDAL 15 NOT Acceptable)				
			-	63						
			ŀ	B4	City		85	Zip C	Code	
				$_{\perp}$			<u> </u>	<u> </u>		
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 Signature, typicitize painted name of registated agent and tellorif applicable. (NOTE: Registered Agont signature required whom reinstating)  DATE										
					at signature required	ADDITIONS/CHANGES TO OFFICER	DATE	CTOP	5 IN 12	
12.	P	DELETE	13. 1.1 Til	I F		ADDITIONS/CHANGES TO OFFICER		hange	Addition	
NAME	PULTZ, ELAINE R.		1.2 NA							
STREET ADDRESS	1239 S.W. SEAHAWK WAY				ADDRESS					
CITY - ST - ZIP	PALM CITY FL		1.4 CU	Y-ST	- ZIP					
TITLE	DELETE 211		2 1 11	LF			□ c	nange	Addition	
NAME			22 NA	ME	1					
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CITY-ST-ZIP				TY-SI	I - ZIP					
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NAME			3.2 NA							
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TITLE		☐ DELETE	61 TH	LF			С	hange	Addition	
NAME			6.2 NA	ME					]	
STREET ADDRESS			6.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	The standard before	Not as a substitution of the	6.4 CIT			D6 440 07/0/6) Fig. (1) 0:	16.00		100	
i 14. inereb∖ d	erury that the information supplied w	ann this tiling does not quality fr	or the exe	mpti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I furt	ner certity th	nat the	information	

Indicated on this amount report or supplemental amount 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 granged, or on an attachment with an address.