DOCUMENT # N9500004391(7)

Gadoden United Inc Mailing Address
PO BOX 521 Principal Place of Business

P.O. BOX 521

SIGNATURE:

FILED **FILE NOW: FILING FEE IS \$61.25** Jun 04 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Secretary of State Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1998

Quincy FL 32353 Chincy 172 32353				7/17/73		
Quin	y FL 32353		1173	235	3 4. FEI Number	Applied For
2 Principal Pl	ace of Business	2a. Mailing Address				Not Applicable
21	ge of business	26			5. Certificate of Status Desired	8.75 Additional Fee Required
Suite, Apt. I	#, etc	Suite, Apt. #, etc.				5.00 May Be
22		27			Trust Fund Contribution	
City & State	9	City & State			7. Is this nonprofit corporation a homeowners association?	
23 Ζιρ	Country	7 p	Countr	'v	8. This corporation owes or has paid the current	<u> </u>
24	25	29	30	,	Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Dorjan, Michael H.				81 Name		
Rt Z Box 62-B			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	83		
Quin	Ley, FL 323	C 1				-1-5: 5 5:
	$\frac{1}{1}$.J/	84	City	FL °	5 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 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						
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 617.0503, Florida Statutes.						
SIGNATURE						
	Signature: typed or punited name of registered agent a	·		jerit signature requi	red when reinstaling) DATE	DECTORS III 46
12.	Chair mar	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	Change Addition
TITLE	- · ·	D Detter	1.1 TITLE	1	Ц	Change L Audition
NAME CAREET ADDRESS	Mike Domian Rt Z Box 62-B		1.2 NAME	T 400 area		
STREET ADDRESS CITY-ST-ZIP	A	2351	1.4 CITY-	T ADDRESS		l
	Director	DELETE	2 1 TITLE	51 - ZIP		Change
NAME	<u>~ ' ' </u>		2.2 NAME	}		
STREET ADDRESS	Doug Crowley	N -	4	T ADDRESS		
CITY-ST-ZIP	Talle hasses but	37.4 60	2. 4 CITY -			
THILE	Time (II)	D C \ \ \ \ DELETE	3.1 TITLE			Change
NAME	James Hingon.	Divegor	3 2 NAME			
STREET ADDRESS	Rt 1 180x 3003		3 3 STREET	T ADDRESS		
CITY-ST-ZIP	Havana FL 33	2333	3.4 CITY-	ST-ZIP		•
TITLE	Tony Arnold-Dir	DELETE	41 TITLE			Change
NAME	PH 1 Box 3162		4 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	Havana FL 37		4 4 CITY - 9	ST - ZIP		
TITLE	DAN COK - vice	Chair DELETE	5 1 TITLE			Change
NAME	* 6		5.2 NAME			
STREET ADDRESS	Havana Fl	カサフ	5.3 STREET	ADDRESS		
CITY-ST-ZIP	Havana FL 32	557 Trans	5 4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	6.1 TOLE	}	00000255462	Change
NAME			6.2 NAME	1	-06/10/9801049008	~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
STREET ADDRESS			63 STREET		***61.25	\ \(\mu_1 \)
CITY-ST-ZIP	while that the integral of unet	this liting does not a self. I	6.4 CITY - S	ST-ZIP	Copies 110 07/2V/) Florido Chiutes II Wa	
indicated on this annual laport of supplying ital 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						
14. I hereby certify that the information allog 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 of supplicing ital 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 of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes. It is given that the information indicated on this annual report of the information indicated on the information						