

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000050590 (5)**
1. Corporation Name
GAYCO, INC.



Principal Place of Business: **615 HIGHWAY A1A, SUITE 101 PONTE VEDRA BEACH FL 32082**
Mailing Address: **615 HIGHWAY A1A, SUITE 101 PONTE VEDRA BEACH FL 32082**

3. Date Incorporated or Qualified: **06/28/1995**
3a. Date of Last Report: **06/28/1995**
4. FEI Number: **59-3328965**
Applied For: Not Applicable:
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** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**BARON L. BARTLETT, P.A.
615 HIGHWAY A1A, SUITE 101
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **GAY, ALPHA**
STREET ADDRESS: **615 HIGHWAY A1A, SUITE 101**
CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**
TITLE: **D** DELETE
NAME: **Linda Gay, as Trustee of**
STREET ADDRESS: **The Alpha A. Gay Irrevocable Trust**
CITY-ST-ZIP: **dated October 6, 1996**
615 Hwy A1A, Ponte Vedra Bch FL 32082
TITLE: _____ DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____
TITLE: _____ DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: _____ Change Addition
2. NAME: _____
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4. CITY-ST-ZIP: _____ Change Addition
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96. CITY-ST-ZIP: _____ Change Addition
97. TITLE: _____ Change Addition
98. NAME: _____
99. STREET ADDRESS: _____
100. CITY-ST-ZIP: _____ Change Addition

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: *Alpha Gay, Trustee* **January 18, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)