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

APPROVED AND FILED

99 SEP -3 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P95000067524 (5)

1. Corporation Name
GILCHRIST ENTERPRISES, INC.

[redacted]

Principal Place of Business	Mailing Address
1851 JOHN PAUL JONES AVE. NAVAL TRAINING CENTER ORLANDO FL 32813-8118	1851 JOHN PAUL JONES AVE. NAVAL TRAINING CENTER ORLANDO FL 32813-8118

DO NOT WRITE IN THIS SPACE

8. Date Incorporated or Qualified: 10/01/1995

2. Principal Place of Business
21: 102 Drennan Road
22: Suite, Apt. #, etc. B-9
23: City & State: Orlando, FL
24: Zip: 32806
25: Country: USA

3a. Mailing Address
26: 102 Drennan Road
27: Suite, Apt. #, etc. B-9
28: City & State: Orlando, FL
29: Zip: 32806
30: Country: USA

4. FEI Number: 59-3335472 — 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEINKEL, R. LAWRENCE
201 W. CANTON AVE., STE. 150
WINTER PARK FL 32789

9A. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City — 95 FL — 96 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

10. OFFICERS AND DIRECTORS	10a. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
TITLE: D	☐ Change ☐ Addition
NAME: GILCHRIST, JAMES M.	
STREET ADDRESS: 102 Drennan Rd. #B-9	
CITY-ST-ZIP: Orlando, FL 32806	
☐ DELETE	

CREDIT CARD (10/97)

00000298308O---9
-09/10/99--01005--001
**150.00

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 10 or block 10a with an indication for the filing of this report.

SIGNATURE: James M. Gilchrist 9-1-99 407-859-3070

[redacted] RX:9600bps 99'/09/01 14:32 By:GILCHRIST ENT P.002

(2)

McDonald's

September 2, 1999

Florida Dept of State
Secretary of State
Division of Corporations

To Whom It May Concern:

Due to a mix up when my employer and the office changed their address the incorrect information was given to your department, and I understand that the mailings sent to our former address on John Paul Jones Ave. on the Naval Training Center in Orlando was returned to you on two separate occasions. I have enclosed the filing fee of $150.00 as instructed, and I understand that you have the privilege to accept that amount, but if you do need additional fees, please contact me at 407-858-3070.

Thank you for your consideration in this matter.

Sincerely,

Dolores Phillips

Dolores Phillips
Office Manager