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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** P95000082492 (6)

GILLI	SCOTT OF SUWANNEE C	OUNTY, INC.						
Principal Place	of Business	Mailing Address			F SERBEIFER IIU EULU BAAN DANFI DA	IRIK BULAF BUHBL PURK	U FIUN BAUA	E 18110 1101 1001
23358 ELMWOOD Pt. LIVE OAK FL 32060		P.O. BOX 4724 DOWLING PARK FL 32060						
					3. Date Incorporated or Qualified 10/27/1995	3a. Date of	f Last Re	port
2. Principal Pla 21 683.	ice of Business 5 U.S.Hwy 12,9 N.	2a. Mailing Address 26			4. FEI Number 59 - 334049	9		pplied For lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State	E OAK FL	Orty & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip 320	060 25 Sulvannee	Ζ(p)	Gount 30	try	8. This corporation has liability for Florida Statutes			<u></u>
	g. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Ag	ent	
CLIDDIE	D DAMD		٤	31 Name				
CURRIER, DAVID 23358 ELMWOOD PL.			82		dress (P.O. Box Number is Not Acceptable)			
	VK FL 32060		ε	33				
			8	34 City		FL	<b>85</b> Zip	Code
11. Pursuant to	ed agent, or both, in the State of Florida	and 607.1508, Florida Statut - Such channé was authors	tes, trie above	e named corpo	oration submits this statement for the po	urpose of chang	jing its re distered :	gistered office agent. Lam
signature	h, and accept the obligations of Section	ri 607.0505, Florida Statutes	3.					
signature	h, and accept the obligations of. Section  Synther, by ed or protections and they have account  OFFICERS AND	n 607.0505, Florida Statutes	3.		and of directors. Thereby ascept the applications residing.  ADDITIONS/CHANGES TO OF	DAIF		
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oath, that I am an officer or displaced or this are use report or supplier remark are used under oath, that I am an officer or displaced or the same legal effect as it made under oath, that I am an officer or displaced or of the receiver or these empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or on an attachment with an address.

SIGNATURE:

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Currier