Applied For

Fee Required

\$5.00 May Be Added to Fees

Not Applicable \$8.75 Additional

03-23-1999 90018 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DO	CUM	IEN	Γ#	24	4265	5
						•

GAULTNEY, H. DENNY

_6700-BOWDEN ROAD

Principal Place of Business	Mailing Address					
6700 BOWDEN RD JACKSONVILLE FL 32216	6700 BOWDEN RD JACKSONVILLE FL 32216					
	A Address					
2. Principal Place of Business	2a. Mailing Address					
21	26					
¬ '	26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #_etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.					
21 Suite, Apt. #, etc.	26 Suite, Apt. #_etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State					
21 Suite, Apt. #, etc. 22 City & State 23	26 Suite, Apt. #, etc. 27 City & State 28					

|--|--|--|--|--|--|--|--|

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

01/31/1961 4. FEI Number

59-0914566

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

-6/00 BOWDEN ROAD				24	1741 DEE	RTR	ACE DR.				
JACK	SONVILLE FL 32216		83								
						·			85 Zip (Code	
			84	City	NTE VEDRA	REA	cH	FL		282	
11. Pursuant	to the provisions of Sections 607.0502 and 607.15	08, Florida Statutes,	the above	-name	ed comparation s	uhmits this	s statement for	the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sections	ich change was auth ion 607.0505, Florida	iorized by t a Statutes.	the co	rporation's boar	a of direct	ors. I nereby a	ccept the appoir	ırınenı as re	gistered	
•	, rammar man, and dosopr the congenions on our	,									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable)					stered Agent signature required when reinstating} DATE						
12.	OFFICERS AND DIRECTORS 13.										
TITLE	PDT	☐ DELETE	1.1 TITLE						☐ Change	Addition	
NAME	GAULTNEY, H. DENNY		1.2 NAME		ļ						
STREET ADDRESS	24741 DEER TRACE DR		1.3 STREET	ADDRES	ss						
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3208		1.4 CITY-ST	- ZIP			_				
TITLE	VS	☐ DELETE	2.1 TITLE						Change	☐ Addition	
NAME (GAULTNEY, MARGARET G		2.2 NAME		į						
STREET ADDRESS	24741 DEER TRACE DR		2.3 STREET	ADDRES	ss _			*			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	\$ - '	2.4 CITY-S	T-ZIP		-					
†ITLE		☐ DELETE	3.1 T/TLE			,		_	Change	☐ Addition	
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET	ADDRES	ss						
CITY-ST-ZIP			3.4. CITY-S	T-ZIP_							
TITLE		☐ DELETE	4.1 TITLE						Change	Addition	
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET	ADDRE	ss						
CITY+ST-ZIP		_	4.4 CITY-S1	T-ZIP							
TITLE		☐ DELETE	5.1 TITLE				_		Change	☐ Addition	
NAME :			5.2 NAME								
STREET ADDRESS			5.3 STREET	ADDRES	ss						
CITY-ST-ZIP		*	5.4 CITY-S1	r-zip		-			-		
TITLE		☐ DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAME			6.2 NAME	,	1.		~	-			
STREET ADORESS	- -	•	6.3 STREET	ADDRES	ss						
CITY-ST-ZIP			6.4 CITY-\$1	T-ZIP							
	pertify that the information supplied with this filing d	oes not qualify for th	e exempti	on sta	ted in Section 1	19.07(3)(i)	. Florida Statu	tes. I further cerl	ify that the i	nformation	

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, with all other like empowered.

SIGNATURE:

Pres. HDENNYGAULTNEY

CR2E034 (11/98)