1-2095 B-243-6

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
[illegible]

DOCUMENT # **365174** **(2)**

1. Corporation Name

C.J. GILLIES INC.

Principal Place of Business	Mailing Address
278 TOMOKA AVE. ORMOND BEACH FL 32175 US	PO BOX 2856 ORMOND BEACH FL 32175-2856 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1970	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1320075	☐ 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	2a. Mailing Address
21	26 P.O. Box 1557 NEW SMYRNA BEACH FL 32170
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GILLIES,CHARLES J
89 S ATLANTIC AVE, APT 602
P. O. BOX 2856
ORMOND BCH FL 32175

10. Name and Address of New Registered Agent

81 Name: GILLIES, CHARLES J
82 Street Address (P.O. Box Number is Not Acceptable): 146 MARINA BAY DR
83: P.O. Box 1557
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32170

11. Pursuant to the provisions of Sections 607.0502 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	GILLIES,CHARLES J	12 NAME	GILLIES, CHARLES J
STREET ADDRESS	89 S ATLANTIC AVE #602	13 STREET ADDRESS	146 MARINA BAY DR
CITY-ST-ZIP	ORMOND BEACH FL	14 CITY-ST-ZIP	P.O. Box 1557 NEW SMYRNA BEACH FLA 32170
TITLE	STV	21 TITLE	☐ Change ☐ Addition
NAME	RYAN, MAUREEN P	22 NAME	
STREET ADDRESS	800 LAMBERT AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	RYAN, MAUREEN P.	32 NAME	
STREET ADDRESS	800 LAMBERT AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	RYAN, SHANNON B.	42 NAME	
STREET ADDRESS	800 LAMBERT	43 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BCH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: CHARLES J GILLIES Charles J Gillies 1-16-95 904-406-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013128 CP