

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

FILED

**Apr 23 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 428374 (3)

1. Corporation Name:
FIFTH GEAR INC.



Principal Place of Business
**3304 SAWGRASS VILLAGE CR
PONTE VEDRA BCH FL 32082**

Mailing Address
**3304 SAWGRASS VILLAGE CR
PONTE VEDRA BCH FL 32082**

3. Date Incorporated or Qualified: **06/12/1973**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21 Suite, Apt #, etc.
5000 Sawgrass Village Circle
22 City & State
5000 Sawgrass Village Circle
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Suite, Apt #, etc.
5000 Sawgrass Village Circle
27 City & State
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1483603**
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

9. Name and Address of Current Registered Agent
**SKINNER, HAL
50 N LAURA ST
BARNETT CITNER STE 3300
JACKSONVILLE FL 32201**

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HORNE, DONIS P	
STREET ADDRESS	3304 SAWGRASS VILLAGE C	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	VD	<input type="checkbox"/>
NAME	HORNE ELLIOTT S	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	
CITY - ST - ZIP	PONTE VEDRA BCH FL	
TITLE	T	<input type="checkbox"/>
NAME	BROWNFIELD, THOMAS R	
STREET ADDRESS	3304 SAWGRASS VILLAGE CIRCLE	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	5000 Sawgrass Village Circle		
1.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	5000 Sawgrass Village Circle		
2.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	5000 Sawgrass Village Circle		
3.4 CITY - ST - ZIP	Ponte Vedra Beach FL 32082		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-18-97** (904) 285 3400
Daytime Phone #

CR2E034 (9/96)