Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90023 004 \*\*\*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

## DOCUMENT # 445205

1. Corporation Name

CARL H. GAMMON & SONS, INC.

| Principal Place     | of Business   | Mailing Ad             | dress         |             |           |  |   |                             | ,                           | •              |                 | •            |
|---------------------|---|------------------------|---------------|-------------|-----------|--|---|-----------------------------|-----------------------------|----------------|-----------------|--------------|
| 285 SW 33RD 9       | ST.   | 285 SW 33F             | RD ST.        |             |           |  |   |                             |                             | •              |                 |              |
| FT LAUDERDAL        | E FL 33315  | FT LAUDERDALE FL 33315 |               |             |           |  | ļ   | 5.                          | NAT WO                      | TE IN THIS C   | PACE            |              |
| US                  |   | US                     |               |             |           | [  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed                |                             |                             |                |                 |              |
|                     |   |                        |               |             |           |  | 1 4   | 4/1974                      | OI Qualifeu                 | ٠,             |                 | ·            |
|                     |   | 2- Mailine             | Addross       |             |           |  | 4. FEI Ni   |                             |                             |                | ΙΔn             | plied For    |
| <b>-</b> ¬          | ace of Business   |                        | Address       |             |           |  | 1   | 508586                      | -                           |                | _ <del> ·</del> | t Applicable |
| 21                  |   | Suite, Apt. #, etc.    |               |             |           |  | 29 1  | 300500                      |                             |                | \$8.75          |              |
| Suite, Apt. #, etc. |   |                        |               |             |           |  | 5. Certifo  | ate of Status               | s Desired                   |                | Fee Re          | I            |
| 22                  |   |                        | City & State  |             |           |  | 0 514   | 0                           |                             |                | \$5.00          |              |
| City & State        |   | —                      | <u> </u>      |             |           |  | 1   | on Campaigr<br>Fund Contrib |                             |                | Added 1         |              |
| Zip Country         |   | 28 Zin                 | Zip Country   |             |           |  | <del> </del>  |                             |                             | ront vaar Inta |                 | 1            |
| Ziρ<br>─            |   | <b>⊢</b>               | h             |             |           |  | 8. This corporation owes the current year Intangible Personal Property Tax. |                             |                             |                |                 | □No          |
| 24                  | 25 25 of Curren   | 29                     |               | 30          |           |  |   |                             |                             | Registered A   |                 |              |
|                     | 9. Name and Address of Curren   | r Kegistered A         | Baur -        | 81          | l Na      | ame  | 70, 110   |                             |                             |                | 3               |              |
| GAM                 | MON, CARL H   |                        |               | Ĺ           |           |  |   |                             |                             |                |                 |              |
|                     | MOSELEY ST  |                        | 82            |             |           | Street Address (P.O. Box Number is Not Acceptable) |   |                             |                             |                |                 |              |
|                     | LYWOOD FL 33024   |                        | <b>,</b>      |             |           |  |   |                             |                             |                |                 |              |
| HOL                 | L1W00D1L 00024  |                        |               | 83          | <b>'</b>  |  |   |                             |                             |                |                 | ٳٙ           |
|                     |   |                        |               | 84          | f Cit     | ty   |   |                             |                             |                | 85 Zip          | Code         |
|                     |   |                        |               |             |           |  |   | <del></del>                 |                             | <u> </u>       |                 |              |
| office or re        | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida, Such       | change was au | thorized by | y tne d   | med corpor<br>corporation                          | ration subm<br>n's board of   | directors. I h              | ment for the<br>tereby acce | pt the appoin  | ment as re      | gistered     |
| SIGNATURE           | •   |                        |               |             |           | and the second of                                  | when reinstating  |                             |                             | DATE           |                 | {            |
|                     | Signature, typed or printed name of registered ager   | ID DIRECTORS           |               | 13.         | ent signa | ature required v                                   |   |                             | GES TO OF                   | FICERS AND     | DIRECTO         | RS IN 12     |
| 12.                 |   | D DIRECTORS            | DELETE        | 11 TITLE    |           | <del></del>  | ADDITI  |                             | 000 10 01                   | 1102.107.11    | Change          | ☐ Addition   |
| TITLE               | PD  |                        | □ DECETE      |             |           | - 1  |   |                             |                             |                |                 | -            |
| NAME                | GAMMON, CARL H  |                        |               | 1.2 NAME    |           |  |   |                             |                             |                |                 |              |
| STREET ADDRESS      | 6391 NW MOSELEY ST  |                        |               | 1.3 STREE   |           | RESS   |   |                             |                             |                |                 | ĺ            |
| CITY-ST-ZIP         | HOLLYWOOD FL  |                        | DELETE        | 1.4 CITY-1  | ST-ZIP    |  |   |                             |                             |                | ☐ Change        | Addition     |
| TITLE               | SD  |                        | ☐ DEFEIE      | 2.1 TITLE   |           |  |   |                             |                             |                |                 |              |
| NAME                | GAMMON, MARGUERITE M  |                        |               | 22 NAME     |           |  |   |                             |                             | . •            |                 | . ]          |
| STREET ADDRESS      | 6391 NW MOSELEY ST  |                        |               | 2.3 STREE   | ET ADDE   | RESS   | •   |                             |                             |                |                 | Į            |
| CITY-ST-ZIP         | HOLLYWOOD FL  |                        |               | 2.4 CITY    | ST-ZIP    | <u></u>  |   |                             |                             |                | <u></u>         | - Addition   |
| TITLE               |   |                        | ☐ DELETE      | 3.1 TITLE   |           |  |   |                             |                             |                | Change          | ☐ Addition   |
| NAME                |   |                        |               | 3.2 NAME    |           |  |   |                             |                             |                |                 |              |
| STREET ADDRESS      |   |                        |               | 3.3 STREI   | ET ADD    | RESS   |   |                             |                             |                |                 | Ì            |
| CITY-ST-ZIP         |   |                        | <u></u>       | 3.4. CITY-  | ST-ZIP    |  |   |                             |                             |                |                 |              |
| TITLE               |   |                        | DELETE        | 4.1 TITLE   |           |  |   |                             |                             |                | Change          | ☐ Addition   |
| NAME                |   |                        |               | 4. 2 NAME   | Ē         | Ì  |   |                             |                             |                |                 | }            |
| STREET ADDRESS      |   |                        |               | 4.3 STREE   | ET ADD!   | RESS   |   |                             |                             |                |                 | }            |
| CITY-ST-ZIP         |   |                        |               | 4.4 CITY-   | ST-ZIP    |  |   |                             |                             |                |                 |              |
| TITLE               |   |                        | DELETE        | 5.1 TITLE   |           |  |   |                             | _                           |                | Change          | Addition     |
| NAME                |   |                        |               | 5.2 NAME    |           |  |   |                             |                             |                |                 |              |
| STREET ADDRESS      |   |                        |               | 5.3 STREE   | ET ADDI   | RESS   |   |                             |                             |                |                 |              |
| CITY-ST-ZIP         |   |                        |               | 5.4 CITY    | ST-ZIP    | }  |   |                             |                             |                |                 |              |
| TITLE               |   |                        | ☐ DELETE      | 6.1 TITLE   |           | $\top$   |   |                             |                             |                | ☐ Change        | Addition     |
| NAME                |   |                        |               | 6.2 NAME    |           | 1  |   |                             |                             |                |                 | ĺ            |
|                     |   |                        |               | 6.3 STREE   | et adda   | RESS   |   |                             |                             |                |                 |              |
| STREET ADDRESS      |   |                        |               | 6.4 CITY-   |           |  |   |                             |                             |                |                 | l            |
| CITY-ST-ZIP         |   |                        |               | V. 7 (VIII) | J"        | I  |   |                             |                             |                |                 |              |

14. I 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP