

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **454532** (3)

1. Corporation Name  
**GASKIN ENTERPRISES, INC.**



Principal Place of Business: **8911 BURNING TREE ROAD PENSACOLA FL 32514-5610**  
Mailing Address: **8911 BURNING TREE ROAD PENSACOLA FL 32514-5610**

3. Date Incorporated or Qualified: **06/11/1974**  
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business: **7171 N. Davis Hwy. University Mall Pensacola, FL 32504**  
2a. Mailing Address: **8911 Burning Tree Rd. Pensacola, FL 32514**  
23. City & State: **Pensacola, FL**  
28. City & State: **Pensacola, FL**  
24. Zip: **32504**  
25. Country: **Escambia**  
29. Zip: **32514**  
30. Country: **Escambia**

4. FEI Number: **59-1538853**  
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: **GASKIN, ALLENE B. 8911 BURNING TREE ROAD PENSACOLA FL**  
10. Name and Address of New Registered Agent: **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: **Allene B. Gaskin, Pros/ST**  
Signature, typed or printed name of registered agent or title, if applicable. (REG. Registered Agent signatures required when necessary.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GASKIN, ALLENE B</b>
STREET ADDRESS	<b>8911 BURNING TREE RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>GASKIN, ALLENE B.</b>
STREET ADDRESS	<b>8911 BURNING TREE RD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>SCHUMACHER, SHERRE G.</b>
STREET ADDRESS	<b>8670 SCENIC HILLS DR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>GASKIN, SONYA RENEE</b>
STREET ADDRESS	<b>140019 FOX RUN ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: **Allene B. Gaskin** **Allene B. Gaskin 3-22-96 (904) 478-3800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Phone #

CR2E034 (12/95)