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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 454532

1. Corporation Name
GASKIN ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 7171 N DAVIS HWY
 UNIVERSITY MALL
 PENSACOLA FL 32504
 US

Mailing Address
 8911 BURNINGTREE RD
 PENSACOLA FL 32514
 US

3. Date Incorporated or Qualified
06/11/1974

4. FEI Number
59-1538853

5. Certificate of Status Desired **\$8.75** Additional Fee Required Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

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

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

TITLE DELETE
 NAME **P GASKIN, ALLENE B**
 STREET ADDRESS **8911 BURNING TREE RD**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE DELETE
 NAME **ST GASKIN, ALLENE B.**
 STREET ADDRESS **8911 BURNING TREE RD**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE DELETE
 NAME **V SCHUMACHER, SHERRE G.**
 STREET ADDRESS **8670 SCENIC HILLS DR.**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE DELETE
 NAME **V GASKIN, SONYA RENEE**
 STREET ADDRESS **140019 FOX RUN ROAD**
 CITY-ST-ZIP **PENSACOLA FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alleene B. Gaskin, President* Date: *Feb 20, 1999 (850) 478-3870*

CR2E034 (1/98)