

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90125 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 468104

1. Corporation Name  
**CLYDE GAYLE & ASSOCIATES, INC.**

Principal Place of Business  
 2000 N FL MANGO RD/SUITE 103  
 W.PALM BCH. FL 33409

Mailing Address  
 2000 N FL MANGO RD/SUITE 103  
 W.PALM BCH. FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1974**

4. FEI Number  
**59-1594415**

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

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 **331 CLUB COVE DRIVE** 22 Suite, Apt. #, etc.

23 **TITUSVILLE, FL.** 24 **32780** 25 **BAEVARD**

26 **331 CLUB COVE DRIVE** 27 Suite, Apt. #, etc.

28 **TITUSVILLE, FL.** 29 **32780** 30 **BAEVARD**

9. Name and Address of Current Registered Agent

**BROBERG, JR., GUSTAVE T.**  
 223 PERUVIAN AVENUE  
 PALM BEACH FL 33480

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 \_\_\_\_\_ 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                      | VD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GAYLE, DENNIS M                               | 1.2 NAME                                              | GAYLE, DENNIS M.                                                                |
| STREET ADDRESS             | 233 BALTUSROL DRIVE                           | 1.3 STREET ADDRESS                                    | P.O. BOX 11534                                                                  |
| CITY-ST-ZIP                | NAPLES FL                                     | 1.4 CITY-ST-ZIP                                       | NAPLES, FL, 34101                                                               |
| TITLE                      | PT <input checked="" type="checkbox"/> DELETE | 2.1 TITLE                                             | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GAYLE, CLYDE G                                | 2.2 NAME                                              | GAYLE, CLYDE G.                                                                 |
| STREET ADDRESS             | 7176 SOUTHEAST SEAGATE DRIVE                  | 2.3 STREET ADDRESS                                    | 331 CLUB COVE DRIVE                                                             |
| CITY-ST-ZIP                | STUART FL                                     | 2.4 CITY-ST-ZIP                                       | TITUSVILLE, FL, 32780                                                           |
| TITLE                      | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE                                             | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GAYLE, ELIZABETH                              | 3.2 NAME                                              | GAYLE, ELIZABETH                                                                |
| STREET ADDRESS             | 7176 SOUTHEAST SEAGATE DRIVE                  | 3.3 STREET ADDRESS                                    | 331 CLUB COVE DRIVE                                                             |
| CITY-ST-ZIP                | STUART FL                                     | 3.4 CITY-ST-ZIP                                       | TITUSVILLE, FL, 32780                                                           |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE                                             | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | GAYLE, CLYDE G                                | 4.2 NAME                                              | GAYLE, CLYDE G.                                                                 |
| STREET ADDRESS             | 7176 SOUTHEAST SEAGATE DRIVE                  | 4.3 STREET ADDRESS                                    | 331 CLUB COVE DRIVE                                                             |
| CITY-ST-ZIP                | STUART FL                                     | 4.4 CITY-ST-ZIP                                       | TITUSVILLE, FL, 32780                                                           |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                               | 5.2 NAME                                              |                                                                                 |
| STREET ADDRESS             |                                               | 5.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                |                                               | 5.4 CITY-ST-ZIP                                       |                                                                                 |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       |                                               | 6.2 NAME                                              |                                                                                 |
| STREET ADDRESS             |                                               | 6.3 STREET ADDRESS                                    |                                                                                 |
| CITY-ST-ZIP                |                                               | 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: Katherine Harris DATE: 4/14/99 DAYTIME PHONE: 407-385-1007  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)