

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

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

04-14-1999 90125 012 ***150.00

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

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GAYLE, DENNIS M	
STREET ADDRESS	233 BALTUSROL DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	GAYLE, CLYDE G	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GAYLE, ELIZABETH	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAYLE, CLYDE G	
STREET ADDRESS	7176 SOUTHEAST SEAGATE DRIVE	
CITY-ST-ZIP	STUART FL	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAYLE, DENNIS M.	
1.3 STREET ADDRESS	P.O. BOX 11534	
1.4 CITY-ST-ZIP	NAPLES, FL. 34101	
2.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GAYLE, CLYDE G.	
2.3 STREET ADDRESS	331 CLUB COVE DRIVE	
2.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GAYLE, ELIZABETH	
3.3 STREET ADDRESS	331 CLUB COVE DRIVE	
3.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAYLE, CLYDE G.	
4.3 STREET ADDRESS	331 CLUB COVE DRIVE	
4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
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 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:

Uphold Day Recorder G. GAYLE

4/9/99

407-385-1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)