SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Jul 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # 469756 (1) GORDON ASTLE & ASSOCIATES, INC. Principal Place of Business Mailing Address 1230 OXBOW LANE 1230 OXBOW LANE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 03/26/1975 4. FEI Number 01/23/1996 2a, Mailing Address Applied For Not Applicable 59-2008455 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ASTLE, GORDON S 1230 OXBOW LANE 82 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL 83 32708 84 City 85 Zip Code 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 opprations of Section 607.0505 Florida Statutes. este no of registered agent and little if applicable tored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 701.6 ASTLE, GORDON S NAME 1.2 NAME 1230 OXBOW LANE STREET ADDRESS 1.3 STREET ADDRESS WINTER SPGS, FL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition TITLE ASTLE, RITA C NAME 2.2 NAME 1230 OXBOW LANE STREET ADDRESS 2.3 STREET ADDRESS WINTER SPGS, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - Z(P) DELETE Change Addition TITLE 6.1 DITE NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 eath; 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

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