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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

520826

(9)

GUPTON AND GUPTON ACCOUNTANTS, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 11127 LEM TURNER RD 11127 LEM TURNER RD JACKSONVILLE FL 32208-2679 JACKSONVILLE FL 32208-2679 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1710795 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country Country Zιο 8. This corporation owes or has paid the current year Intangible **☑** Yes 24 Personal Property Tax due June 30. 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GUPTON, C. J. **B1** 11127 LEM TURNER RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 83 84 City 85 Zip Code Fi 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change Addition 1.1 TITLE **GUPTON, CAROLYN J** NAME 1.2 NAME 10934 WINDY GALE DR W STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GUPTON, C J NAME 2.2 NAME 10934 WINDY GALE DR W STREET ADDRESS 2.3 STREET ADORESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 trust of personnel of the receiver or trust of personnel of the receiver or trust of personnel of the receiver of trust of trust of trust of the receiver of trust of tru

SIGNATURE:

Suptr

C.T. Gunton

4-24-98