


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.)

1062

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 523530

(4)

1. Corporation Name
GAYROB, INC.

FILED
97 AUG -5 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1126 NORTH BLVD. EAST LEESBURG FL 34748	Mailing Address 1126 NORTH BLVD. EAST LEESBURG FL 34748
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/29/1976		3a. Date of Last Report 04/16/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1712004		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CHANDLER, ROBERT L. 111
1126 NORTH BLVD EAST
LEESBURG FL 34748**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, ROBERT III	1.2 NAME	
STREET ADDRESS	1126 NORTH BLVD. EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	CHANDLER, GAYLE G.	2.2 NAME	
STREET ADDRESS	1126 NORTH BLVD. EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, GAYLE G.	3.2 NAME	
STREET ADDRESS	1126 NORTH BLVD. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, ROBERT III	4.2 NAME	
STREET ADDRESS	1126 NORTH BLVD. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: _____

7/20/97

CR2E034 (4/97)

2012

BROOKS♦WILEY♦YOUNG♦PADGETT & KLEISER PA

CERTIFIED PUBLIC ACCOUNTANTS

Members:
Florida Institute of
Certified Public Accountants
American Institute of
Certified Public Accountants

206 North Third Street
Leesburg, Florida 34748
352/787-8682
Sumter County: 352/748-2488
FAX: 352/728-3156

W. Thomas Brooks, C.P.A.
Tom Wiley, C.P.A.
Herbert P. Young, Jr., C.P.A.
Gregory P. Padgett, C.P.A.
Cheryl G. Kleiser, C.P.A.

July 29, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

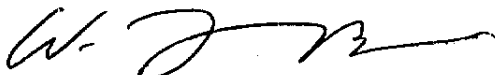
RE: Gayrob, Inc.
FEI Number 59-1712004

Dear Sirs:

Enclosed please find 1997 Profit Corporation Annual Report for the above corporation, together with a check in the amount of \$165.00.

This firm does the accounting for the above corporation and our records indicate that check number 7224 was written on January 14, 1997, payable to the Department of State in the amount of \$165.00, and mailed on that date with the first annual report. We are asking that you consider waiving the \$385.00 penalty because it has apparently been misplaced along the way.

Sincerely yours,



W. Thomas Brooks
Certified Public Accountant

WTB/mt
Encl.

cc: Robert Chandler