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FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **560556** (3)
1. Corporation Name
GUTTER KING, INC.



Principal Place of Business
**4994 W. ROBINSON ST.
ORLANDO FL 32811
US**

Mailing Address
**4994 W. ROBINSON STREET
ORLANDO FL 32811
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2642496		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KANE, GARY D.
670 W. FAIRBANKS AVE.
ORLANDO FL 32709**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	Chairman
NAME	HUNT, DONALD	1.2 NAME	
STREET ADDRESS	12471 PARK AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDEMERE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME	HUNT, BARBARA	2.2 NAME	
STREET ADDRESS	12471 PARK AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDEMERE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	President
NAME	HUNT, DONALD JR.	3.2 NAME	
STREET ADDRESS	9012 FLORIBUNDA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	HUNT, DARCIE L	4.2 NAME	
STREET ADDRESS	5041 PARK CENTRAL DRIVE APT 1922	4.3 STREET ADDRESS	14508 Indian Ridge Trail
CITY-ST-ZIP	ORLANDO FL 32839	4.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Donal D. Hunt* *Donal D. Hunt* *11/19/98* *(407) 205-5311*

CR2E034 (10/97)