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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 579692

(5)

DON GUY, INC.

NAME

TELLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE: {

City-S*-2iP

Principal Place of Business Mailing Address 1279 KINGSLEY AVENUE, SUITE 120 1279 KINGSLEY AVENUE, SUITE 120 ORANGE PARK FL 32073 ORANGE PARK FL 32073-4604 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1978 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1842653 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П Added to Fees 28 Trust Fund Contribution Zφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes 🔲 No 29 30 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GUY, DON 510 KEVIN DR. 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 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 lamillar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Silgnorune, type of the present name of registerion agreed and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) ☐ DELETE Change Tille 1.1 TITLE **GUY, DON** 1.2 NAME NAME 510 KEVIN DR. STREE! ADDRESS 1 3 STREET ADDRESS **ORANGE PARK FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME MAME 2.3 STREET ADDRESS STREET ACCORESS 2.4 CHY-ST-ZIP Off Y- \$7, 202 DELETE TITLE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CODY - ST - ZIP 3.4 CITY-ST-ZIP ■ DELETE Change ___ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 0(1Y-ST-7)P 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE [...] Change ____ Addition

> 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.4 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this firing 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 as supplied 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 for 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.

1-9-97 904/264-0508

Change

Addition

FILED

Jan 21 1997 8:00am

Secretary of State