

FILE NOW: FILING FEE AFTER MAY 1

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Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90024 026 ***550.00

DOCUMENT - 2

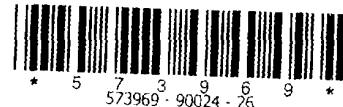
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA
DIVISION

DOCUMENT # 672723

1. Corporation Name
GAGNE CORPORATION



Principal Place of Business
217 MAIN ST.
P O BOX 219
DESTIN FL 32541

Mailing Address
217 MAIN ST.
P O BOX 219
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 332 Mountain Dr.
Suite, Apt. #, etc.

2a. Mailing Address
28 Suite, Apt. #, etc.

22 City & State
23 Destin FL

27 City & State
28

24 32540 Country
25 USA

29 Zip Country
30

3. Date Incorporated or Qualified
06/05/1980

4. FEI Number
59-2007654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fee

7. This corporation owes the current year intangible
Personal Property Tax ☒ Yes ☐ No

8. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MICHAEL J. GAGNE
217 MAIN ST.
DESTIN FL 32541

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 607.0662 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

Signature typed or printed in block of registered agent and one if applicable

(207) Registered Agent Signature Required when not acting

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	
TITLE	TSD
NAME	GAGNE, THERESA A.
STREET ADDRESS	309 KEPNER DRIVE
CITY-ST-ZIP	FT. WALTON BCH FL
☒ DELETE	
TITLE	PVD
NAME	GAGNE, MICHAEL J.
STREET ADDRESS	125 N. AUDREY CIRCLE
CITY-ST-ZIP	FT. WALTON BCH FL
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
11 NAME	
11 STREET ADDRESS	
11 CITY-ST-ZIP	
21 TITLE	☒ Change ☐ Addition
21 NAME	Pro
21 STREET ADDRESS	Gagne Michael J.
21 CITY-ST-ZIP	74 Country Club Rd.
21 TITLE	SHALIMAR FL. 32579
21 NAME	
21 STREET ADDRESS	
21 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
31 NAME	
31 STREET ADDRESS	
31 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
41 NAME	
41 STREET ADDRESS	
41 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
51 NAME	
51 STREET ADDRESS	
51 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
61 NAME	
61 STREET ADDRESS	
61 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99 (850) 837-0794

OR2004 (11-98)