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

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PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # 672723

1. Corporation Name
GAGNE CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated – Duration
06/05/1980

2. Principal Place of Business
21 332 Mountain Dr.
22 Suite, Apt. #, etc.
23 City & State: DESTIN FL.
24 Zip: 32541 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 Current Registered Agent

MICHAEL J. GAGNE
217 MAIN ST.
DESTIN FL 32541

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — DATE: Registered Agent Signature required when mailed directly

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSD	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	GAGNE, THERESA A.		52 NAME		
STREET ADDRESS	309 KEPNER DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL		54 CITY-ST-ZIP		
TITLE	PVD	☐ DELETE	61 TITLE	PVD	☒ Change ☐ Addition
NAME	GAGNE, MICHAEL J.		62 NAME	Gagne michael J.	
STREET ADDRESS	125 N. AUDREY CIRCLE		63 STREET ADDRESS	74 country club Rd.	
CITY-ST-ZIP	FT. WALTON BCH FL		64 CITY-ST-ZIP	SHALIMAR FL. 32579	
TITLE		☐ DELETE	71 TITLE		☐ Change ☐ Addition
NAME			72 NAME		
STREET ADDRESS			73 STREET ADDRESS		
CITY-ST-ZIP			74 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME			12 NAME		
STREET ADDRESS			13 STREET ADDRESS		
CITY-ST-ZIP			14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		

CR2E104 (11/98)

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: Michael J Gagne 5/12/99 (850) 837-0794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #