## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680608

**(7)** 

GREGORY G. GAY, P.A.

Principal Place of Business

(1

Mailing Address

## FILED Jan 16 1997 8:00am Secretary of State



5318 BALSAM ST. NEW PORT RICHEY FL 34652			5318 BALSAM ST. NEW PORT RICHEY FL 34652-3737								
							3. Date Incorporated or Qualified 08/01/1980		ate of La 11/198		oort
2. Principal F	lace of Business	2a. Mailing Ad	2a. Mailing Address				4. FEI Number			App	lied For
21		26	26				59-2014840			Not	Applicable
Suite, Apt. #, etc.		···	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	City & Stat	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip <b>29</b>	<del>                                </del>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	g. Name and Address of Cu		it				10. Name and Address of New Re	gistered .	Agent		
GAY	r, Gregory G.			8	I N	ame					
5318 BALSAM ST.					2 St	treet Addre	iress (P.O. Box Number is Not Acceptable)				
NEV	V PORT RICHEY FL 34652				3						·····
				8-	4 C	ity		FL	85	Zip C	ode
office or	registered agent, or both, in the s am familiar with, and accept the c	State of Florida Such ch obligations of, Section 60	nange was 07.0505, Fl	authorized to orida Statuti	oy the es.	e corporation	oration submits this statement for the pon's board of directors. I hereby accep	ourpose of of the app	changi	ng its	registered egistered
40	Signature typed or printed name of register	S AND DIRECTORS	(NO)		gent sit	anature require	d when reinstating)		NIDEC	TODE	INI 10
12.	DP		DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	ENO WINE	Cha		Addition
	GAY, GREGORY G	ب	Dittit						L.) One	ii gic	LI Addition
NAME	7831 CALLAN CT.			1.2 NAME							
STREET ADDRESS	NEW PORT RICHEY, FLOO	000		1.3 STRE		<b>\</b>					
CITY - ST - ZIP TITLE	THE STATE OF THE S		DELETE	2.1 TITLE		r	, , , , , , , , , , , , , , , , , , ,		☐ Cha	nne	Addition
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STREET ADDRESS				23 STRE		oree					
CHTY-ST-ZIP	}			2 4 CITY		1					
TITLE		П	DELETE	3.1 TITLE		<u>"</u>	***************************************		Cha	เวตย	Addition
NAME		_		3.2 NAM							
STREET ADDRESS				3.3 STRE		DCCC					
	1			i i		1					
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						DECC					
STREET ADDRESS				4.3 STRE		1					
CITY-ST-ZIP		<del></del>	DELETE	4.4 CITY		P		<del></del>	Cha	anne	Addition
TITLE			OCCLUE	5.1 TITLE					L., VII4	HI <b>N</b> O	- Annilin
NAME				5.2 NAMI		[					
STREET ADDRESS				5.3 STRE		1					
CITY - ST - ZIP			·	5.4 CITY	-ST- <i>I</i> )	P			<del></del>		· · · · · · · · · · · · · · · · · · ·
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NAME				6.2 NAMI	E						
STREET ADDRESS				6.3 STRE	ET ADO	RESS					
OUT Y DY THE				C 4 CITH	AT 30						

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:

NATURE AND TYPED OF PRINTED NAME OF THE SING OFFICER OR DIRECTOR G. Gay 1/8/96 (813) 849-1122