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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

THE GULLEDGE INVESTMENT COMPANY

Prii	псіраі Ріас	eors	usiness	
8897	MANSION	FARM	PLACE	

FILED Mar 08, 1999 8:00 am Secretary of State 03-08-1999 90012 042 ***150.00

Principal Place of Business		Mailing Address						
8897 MANSION FARM PLACE		8897 MANSION FARM PLACE						
ALEXANDRIA VA 22309		ALEXANDRIA VA 22309			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						02/23/1979		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied F	or	
21		26				59-1012646 Not Appli	cable -	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Addition	nal	
22		27			5. Certificate of Status Desired Fee Required	}		
City & Stat	е	City & State				6. Election Campaign Financing 55.00 May B	e	
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25	29 30]			Personal Property Tax. Yes N		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
			81	Name	}			
	ACHER & SCHNEIDER, P.A.		82	Stree	1 Addre	ess (P.O. Box Number is Not Acceptable)		
	SOUTHPOINT BLVD.			000				
STE.			83					
JACK	SONVILLE FL 32216		84	City		85 Zip Code		
				′		FL '		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was autho	onzed by	the cor	d corpoi poration	pration submits this statement for the purpose of changing its registen's board of directors. I hereby accept the appointment as registere	d	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Rec	gistered Ager	nt signatur	beriuper e	when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	CPDS	☐ DELETE	1.1 TITLE			☐ Change ☐ /	Addition	
NAME	GULLEDGE, EUGENE A		1.2 NAME				ì	
STREET ADDRESS	8897 MANSION FARM PLACE		1.3 STREE	TADORES	ŝ	•	-	
CITY-ST-ZIP	ALEXANDRIA VA 22309		1.4 CITY-S	T-ZIP	1			
TITLE	VPTD	☐ DELETE	2.1 TITLE		7	☐ Change ☐	Addition	
NAME	GULLEDGE, KEITH A		2.2 NAME				- {	
STREET ADDRESS	8897 MANSION FARM PLACE		2.3 STREE	TADDRES	s	A control of the cont	-	
CITY-ST-ZIP	ALEXANDRIA VA 22309		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐	Addition	
NAME			3.2 NAME				1	
STREET ADDRESS			3.3 STREE	TADDRES	s			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP				
TITLE		☐ DELETE	41 TITLE			☐ Change ☐	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRES	s		}	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ ĐELETE	5.1 TITLE			☐ Change ☐	Addition	
NAME			5.2 NAME			•		
STREET ADDRESS			5.3 STREE	T ADDRES	s			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		·		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐	Addition	
NAME			6.2 NAME				- 1	
STREET ADORESS			6.3 STREE	T ADDRES	s		}	
			RACITY, S	T 210	1		- 1	

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.