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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F74610 (9)

GILLMORE-ROSS, INC.

**FILED** Mar 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	Mailing Address				r somisme reit emmit mente direte eifert diete dietet milite dietet kildit diefet ibde			
% FREDERICK GILLMORE. III 713 GULF BREEZE PARKWAY GULF BREEZE FL 32561		% FREDERICK GILLMORE. III 713 GULF BREEZE PARKWAY								
GULF BREEZE	: FL 32561	GULF BREEZE FL 32561				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated 04/01/1982	or Qualified			
	lace of Business	2a. Mailing Address	<b>├</b> ─┐			4. FEI Number		A	pplied For	
21		26			59-2180914		N N	lot Applicable		
Suite, Apt.	#, <b>G</b> IC.	Suite, Apt. #, etc.	h <del></del> -			5. Certificate of Status	s Desired	•	Additional lequired	
City & State	e	City & State	City & State			6. Election Campaign	Financing	\$5.00	May Be	
23		28			Trust Fund Contrib			to Fees		
<b>Z</b> ip	Country	Zip	Countr		,	8. This corporation ov	ves or has paid the c	urrent year in	itangible	
24	25	29	30			Personal Property			□No	
	9. Name and Address of Curren	t Registered Agent		81		10. Name and Addres	s of New Registered	Agent		
GILLMORE, FREDERICK, III					Name					
713 GULF BREEZE PARKWAY				82	Street	ddress (P.O. Box Number is Not Acceptable)			····	
GUI	LF BREEZE FL 32561-1628		<b>62</b> 30			Address (1.0. Dox Humber is i	tot Acceptable)			
				83				·		
				-	0.1			12-1		
				84	City		FI	_ <b> 85</b>   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										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when refrestating) DATE										
12.	OFFICERS AND		13			ADDITIONS/CHANG	ES TO OFFICERS AN		RS IN 12	
TITLE	SID DELETE		1.5	TITLE	1			Change	☐ Addition	
NAME	ROSS, AUBREY L		1.2 NAME							
STREET ADDRESS	713 GULF BREEZE PARKWAY		1.3 STREET		address					
CITY-ST-ZIP	GULF BREEZE FL			1.4 CITY - ST - ZIP						
TITLE	VD DELETI		2.1	2.1 TITLE				Change	Addition	
NAME	WALKER, ANNE B		2.2 NAME							
STREET ADDRESS	195 E HIGHLAND DRIVE		2.3 STREET ADORE		ADDRESS					
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY - ST - ZIP		T-ZIP					
TITLE	PD DELETE		3.11	3.1 TITLE				Change	☐ Addition	
NAME	GILLMORE, FREDERICK, III		3.2 NAM							
STREET ADDRESS	713 GULF BREEZE PARKWAY		3.3 STREET AG		address					
CITY-ST-ZIP	GULF BREEZE FL		3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 1	TITLE				☐ Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS	1		4.3 9	4.3 STREET ADDRESS						
CITY-ST-ZIP			4.40	CITY-\$1	- ZIP	···				
TITLE	☐ DELETE 5.1 T		ITLE				Change	☐ Addition		
NAME			5.2 N	IAME	ļ					
STREET ADDRESS			<b>5</b> .3 S	TREET	address					
CITY-ST-ZIP			5.4 0	ITY-ST	- ZIP					
TITLE		DELETE	6.1 T	TLE				Change	☐ Addition	
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 S	TREET	ADORESS					
CITY-ST-ZIP			6.4 C	ITY-ST	- ZIP					

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 frue 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 porparation of 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 chapter 607, on an affective multiple and directors.

3/2/00

(050) 022 2