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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F86512

May 01 1998 8:00am Secretary of State

GIXIE, INC.

FILED

Mailing Address 2919 TIMBERLEE RD

Principal Place of Business 2919 TIMBERLEE RD WIMAUMA FL 33598 WIMAUMA FL 33598 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1982 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2214594 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KAISER, MARTIN J Name DALE F WILEY 695 CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable)
2919 TIMBERLEE ROAD 82 **STE 100** 83 ST PETERSBURG FL 33701 84 Zip Code 33598 City WIMAUMA 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 lamitiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ale F. Wiley DALE F WILEY, PRESIDENT APRIL 8, 1998 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE THOMAS, D J NAME 1.2 NAME 2919 TIMBERLEE RD STREET ADDRESS 1.3 STREET ADDRESS WIMAUMA, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE WILEY, DALE F NAME 2.2 NAME 2919 TIMBERLEE RD STREET ADDRESS 2.3 STREET ADDRESS WIMAUMA, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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.

DALE F WILEY, PRESIDENT APRIL 8, 1998