

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F89935 (3)

1. Corporation Name

HARRY GILLEAN, INC.



Principal Place of Business

308 HIGHWAY 19 SOUTH
PALATKA FL 32177

Mailing Address

308 HIGHWAY 19 SOUTH
PALATKA FL 32177

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SAFER, ELIOT J
3974 WOODCOCK DR STE 100
JACKSONVILLE FL 32216

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

Signature typed or printed in Block 12 or 13, as applicable.

Signature typed or printed in Block 13, as applicable.

Signature typed or printed in Block 13, as applicable.

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

SD
GILLEAN, ANDREA
RT 2 BOX 1322
PALATKA FL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

PD
GILLEAN, HARRY
RT 2 BOX 1322
PALATKA FL

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Gillean, President

4/18/96 904 325-1322

Date

Day/Time Filing #

CR2E034 (12/95)