

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002926

1. Corporation Name

NEILL AND GUNTER INCORPORATED

Principal Place of Business

482 PAYNE ROAD
SCARBOROUGH ME 04074

Mailing Address

482 PAYNE ROAD
SCARBOROUGH ME 04074

92 APR 22 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
06/05/1997	01-0333227	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☐ No	

5. Name and Address of Current Registered Agent

SHELLEY, WILLIAM F PE
SUITE 265
2121 CORPORATE SQUARE
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	SHELLEY, WILLIAM F	1.2 NAME	Nelson, Howard A.
STREET ADDRESS	30 FRAN CIRCLE	1.3 STREET ADDRESS	153 Barberry Lane
CITY-ST-ZIP	GRAY ME 04039	1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	VTS	2.1 TITLE	V
NAME	BIGGS, SUSAN J	2.2 NAME	Bregman, Edward A.
STREET ADDRESS	23 SYLVAN ROAD	2.3 STREET ADDRESS	34 Fran Circle
CITY-ST-ZIP	SCARBOROUGH ME 04074	2.4 CITY-ST-ZIP	Gray, ME 04039
TITLE	C	3.1 TITLE	D
NAME	PREBLE, WALDO C	3.2 NAME	Preble, Waldo C
STREET ADDRESS	31 PINE CONE LODGES ROAD	3.3 STREET ADDRESS	31 Pine Cone Lodges Road
CITY-ST-ZIP	RAYMOND ME 04071	3.4 CITY-ST-ZIP	Raymond, ME 04071
TITLE	D	4.1 TITLE	D
NAME	NOLAN, RODERICK C	4.2 NAME	Biggs, Susan J.
STREET ADDRESS	191 PROSPECT STREET/FREDERICTON	4.3 STREET ADDRESS	23 Sylvan Road
CITY-ST-ZIP	NB CANADA E3B 5B4	4.4 CITY-ST-ZIP	Scarborough, ME 04074
TITLE	D	5.1 TITLE	D
NAME	NOLAN, RODERICK C	5.2 NAME	Rent, Peter J.
STREET ADDRESS	191 PROSPECT STREET/FREDERICTON	5.3 STREET ADDRESS	R.R. #2 Mount Uniacke
CITY-ST-ZIP	NB CANADA E3B 5B4	5.4 CITY-ST-ZIP	Hants County, NS B0N 120
TITLE	D	6.1 TITLE	C
NAME	NEILL, ROBERT D	6.2 NAME	Neill, Robert D
STREET ADDRESS	191 PROSPECT STREET/FREDERICTON	6.3 STREET ADDRESS	191 Prospect Street/Fredericton
CITY-ST-ZIP	NB CANADA E3B 5B4	6.4 CITY-ST-ZIP	NB Canada E3B 5B4

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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.

SIGNATURE:

 Susan J. Biggs

3/30/99 207-883-3355

Date

Daytime Phone

CR2E034 (11/98)