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Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G46345**

(6)

1. Corporation Name

**GAIL REYNOLDS, INC.**



Principal Place of Business

Mailing Address

% GAIL K. REYNOLDS  
4619 BOWEN BAYOU RD  
SANIBEL FL 33957

% GAIL K. REYNOLDS  
4619 BOWEN BAYOU RD  
SANIBEL FL 33957-2427

3. Date Incorporated or Qualified

**06/27/1983**

3a. Date of Last Report

**06/17/1996**

2. Principal Place of Business

2a. Mailing Address

21 **4619 BOWEN BAYOU RD**  
Suite, Apt. #, etc.

26 **4619 BOWEN BAYOU RD**  
Suite, Apt. #, etc.

4. FEI Number

**59-2465247**

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

22 City & State

23 **SANIBEL FL**

24 **33957** 25 **USA**

27 City & State

28 **SANIBEL FL**

29 **33957** 30 **USA**

9. Name and Address of Current Registered Agent

**REYNOLDS, GAIL K.  
4619 BOWEN BAYOU RD  
SANIBEL FL 33957**

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **REYNOLDS, GAIL K.**  
STREET ADDRESS **BOX 857,5351 BOWEN BAYOU**  
CITY- ST- ZIP **SANIBEL FL**

TITLE **D** ☐ DELETE  
NAME **REYNOLDS, GAIL K.**  
STREET ADDRESS **BOX 857,5351 BOWEN BAYOU**  
CITY- ST- ZIP **SANIBEL FL**

TITLE **VP** ☐ DELETE  
NAME **WOLFE, LEWIS R.**  
STREET ADDRESS **BX 1592/4619 BOWEN BAYOU**  
CITY- ST- ZIP **SANIBEL FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE: **GAIL K. REYNOLDS** 2/6/97 941-472-9595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: me Phone #

CR2E034 (9/96)