FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:22

DOCUMENT # G46661 (6)

1. Corporation Name
GAILIND, INC.

Principal Place of Business	Mailing Address
1530 BLUEGRASS LANE LYNN HAVEN FL 32444	1530 BLUEGRASS LANE LYNN HAVEN FL 32444

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/23/1983
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2315572 ☐ 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

9. Name and Address of Current Registered Agent

ELSASSER, JOHN ALLEN
~~2110 WEST 23RD STREET~~
~~SUITE D~~
~~PANAMA CITY FL 32405~~
1530 BLUEGRASS LANE
LYNN HAVEN, FL 32444

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 John Allen Elsasser 1-12-95
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMALLWOOD, JIM L	1.2 NAME	
STREET ADDRESS	116 JENKS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ELSASSER, JOHN ALLEN	2.2 NAME	
STREET ADDRESS	~~2416A FORTUNE AVENUE~~	2.3 STREET ADDRESS	1530 BLUEGRASS LANE
CITY-ST-ZIP	~~PANAMA CITY, FL 00000~~	2.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	ELSSASSER, DEBORAH S.	3.2 NAME	
STREET ADDRESS	~~2416A FORTUNE AVENUE~~	3.3 STREET ADDRESS	1530 BLUEGRASS LANE
CITY-ST-ZIP	~~PANAMA CITY, FL 00000~~	3.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: John Allen Elsasser 1-12-95 (904) 747-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JOHN ALLEN ELSASSER, PRESIDENT

0032029 CP