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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # G46661

(6)

| GAILIND   | , INC.  |   |                                    |   |   |                                       | 10000                     |                          |              | ANNI ANNA I        | <b>  1</b>   <b> </b> | i Diri kan                          |
|---|---|---|------------------------------------|---|---|---------------------------------------|---------------------------|--------------------------|--------------|--------------------|---|-------------------------------------|
| Principal Place of Business Mailing Address  1530 BLUEGRASS LANE LYNN HAVEN FL 32444  LYNN HAVEN FL 32444 3373  |   |   |                                    |   |   |                                       |                           |                          |              |                    |   |                                     |
| THE INVERT  | -L 32 <del>441</del>  | LIMA FI   | MAEU LT SEAAA.                     | 2010  |   |                                       | Date Incor                | porated or Qu            | alified      | l 9e Da            | te of Last F  | Panort                              |
|   |   |   |                                    |   |   | ٦                                     | 06/23/1                   | •                        | anneu        |                    | 24/1996   | ioport                              |
| 2. Principal Pir  | ace of Business   | 2a. Maile   | ing Address                        | ······································  |   |                                       | FEI Numbe                 |                          |              | <u> </u>           |   | pplied For                          |
| 21  |   | 26  |                                    |   |   |                                       | 59-231                    |                          |              |                    |   | ot Applicable                       |
| Suite, Apt #  | #, etc.   | Suite   | e, Apt. #, etc.                    |   |   |                                       |                           |                          |              |                    |   | Additional                          |
| 22  |   | 27  |                                    |   |   |                                       | . Certificate             | of Status Desi           | ried         | LJ                 | Fee R   | equired                             |
| City & State  | ?   | City  | & State                            |   |   | 6                                     | . Election Ca             | ampaign Finar            | ncing        | _                  | \$5.00  | May Be                              |
| :3  |   | 28  |                                    |   |   |                                       |                           | Contribution             |              |                    |   | to Fees                             |
| Zip<br>T  | Country   | Zip   |                                    | Count   | ry  | 8                                     | This corpo                | ration has liab          | ility for in |                    |   | s. 199.032 <sub>1</sub>             |
| 24  | 25 25 Name and Address of Cur   | 29 rent Benistered  | Agent                              | 30  |   |                                       |                           | itutes<br>d Address of F |              | Yes [              |   | <del> </del>                        |
| F1.6  | ***************************************   | Tone Hegisteree   | - Agoin                            | 8   | 1 Name  | · · · · · · · · · · · · · · · · · · · | , Haile of                | AUGIDES VI I             | now nog      | inatered /         | Aguir   |                                     |
|   | ASSER, JOHN ALLEN   |   |                                    |   |   |                                       | ·                         |                          |              |                    |   |                                     |
|   | ) BLUEGRASS LANE  |   |                                    | 8   | 2 Street  | Address (                             | P.O. Box Nu               | mber is Not A            | cceptable    | e)                 |   |                                     |
| LYPE  | N HAVEN FL 32444  |   |                                    | 8   | 3   |                                       |                           |                          |              | <del></del>        | <del></del>   |                                     |
|   |   |   |                                    |   |   |                                       |                           |                          |              |                    |   | ···                                 |
|   |   |   |                                    | 8   | 4 City  |                                       |                           |                          |              | FL                 | 85 Zip  | Code                                |
|   |   | ·   | OO Flacials Out                    | utoe the abo  |   | corporation                           | on submits th             | his statement f          | or the pu    |                    | <br>changing  | ts registered                       |
| 11. Pursuant te   | o the provisions of Sections 607.   | .0502 and 607.15  | ub Fiorida Stati                   | ULGS, ING BLAC  | ive-namec   |                                       |                           |                          |              |                    |   | registered                          |
| 11. Pursuant to   | o the provisions of Sections 607.<br>egistered agent, or both, in the S<br>a tamiliar with, and accept the of   | .0502 and 607.15<br>tate of Florida Su<br>bligations of Sec   | uch change was<br>tion 607,0505, F | s authorized<br>Florida Statut  | by the co   | poration's                            | board of dire             | ectors. I hereb          | y accept     | the appo           | ointment as   | registereu                          |
|   | o the provisions of Sections 607,<br>egistered agent, or both, in the S<br>in familiar with, and accept the of  | .0502 and 607.15<br>itate of Florida Su<br>bligations of, Sec | uch change was<br>tion 607.0505, I | s authorized<br>Florida Statut  | by the col  | poration's                            | board of dire             | ectors I hereb           | y accept     | the appo           | ointment at   | registereu                          |
| SIGNATURE   | o the provisions of Sections 607,<br>egistered agent, or both, in the S<br>n familiar with and accept the of<br>Structure, typed or ponted name of registere                  |   |                                    | s authorized<br>Florida Statut  |   |                                       |                           | ectors I hereb           | y accept     | the appo           | oniment as  | registereu                          |
| SIGNATURE   | Signature, typed or profed manus of registers   |   | cable (NO                          |   |   | e required whe                        | en reinstaling)           | ectors I hereb           |              | date<br>ERS AND    | DIRECTO   | RS IN 12                            |
| SIGNATURE   | Superture, typed or posted name of registere<br>OFFICERS  | d agent and title if applic                                   | cable (N                           | OTE: Registered A   | agent signatur  | e required whe                        | en reinstaling)           | ·                        |              | date<br>ERS AND    |   | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME   | Signature, typed or pented name of registers OFFICERS VD SMALLWOOD, JIM L   | d agent and title if applic                                   | cable (NO                          | OTE: Registered A 13. 1.1 TITLE   | Agent signalu   | e required whe                        | en reinstating) ADDITIONS | CHANGES TO               | O OFFICI     | date<br>ERS AND    | DIRECTO   | RS IN 12                            |
| SIGNATURE  12.  TITLE  NAME STHEET ADDRESS  | Signature, typed or pointed name of registere<br>OFFICERS<br>VD<br>SMALLWOOD, JIM L<br>116 JENKS-OROLE—   | d agent and title if applic                                   | cable (NO                          | OTE: Rogistered A  13. 1.1 TITLE 1.2 NAM 1.3 STRE   | EET ADDRESS   | e required whe                        | en reinstating) ADDITIONS | ·                        | O OFFICI     | date<br>ERS AND    | DIRECTO   | RS IN 12                            |
| SIGNATURE  12.  THE  NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or pented name of registere<br>OFFICERS<br>VD<br>SMALLWOOD, JIM L<br>116 JENKS-OROLE<br>PANAMA CITY, FL 00000  | d agent and title if applic                                   | cable (NC<br>S<br>DELETE           | OTE: Rogistered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY   | egent signalur<br>E<br>E<br>EET ADORESS<br>- ST - ZIP   | e required whe                        | en reinstating) ADDITIONS | CHANGES TO               | O OFFICI     | DATE ERS AND Suite | DIRECTO Change D  | RS IN 12                            |
| SIGNATURE  112.  HILE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE  | Stylecture, typed or penied name of registere<br>OFFICERS<br>VD<br>SMALLWOOD, JIM L<br>116 JENKS-OIROLE<br>PANAMA CITY, FL 00000<br>CPD                                       | d agent and title if applic                                   | cable (NO                          | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE   | egent signalur E E E E ET ADDRESS - ST - ZIP  | e required whe                        | en reinstating) ADDITIONS | CHANGES TO               | O OFFICI     | DATE ERS AND Suite | DIRECTO   | RS IN 12                            |
| SIGNATURE  12.  HILE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  | OFFICERS  VD SMALLWOOD, JIM L 118 JENKS-OIROLE- PANAMA CITY, FL 00000 CPD ELSASSER, JOHN ALLEN  | d agent and title if applic                                   | cable (NC<br>S<br>DELETE           | 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM   | E<br>E<br>E<br>ET ADDRESS<br>-ST-ZIP<br>E   | e required whe                        | en reinstating) ADDITIONS | CHANGES TO               | O OFFICI     | DATE ERS AND Suite | DIRECTO Change D  | RS IN 12                            |
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SIGNATURE:

John Allen Elsasser, Pres

(904)769-5261 Ext. 288

**FILED** 

Feb 17 1997 8:00am

Secretary of State