

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 # **G89671** (3)

1. Corporation Name

R.A. GAMMON ENTERPRISES, INC.



Principal Place of Business

**04524 PINE STREET
FRUITLAND PARK FL 34731-5679**

Mailing Address

**04524 PINE STREET
FRUITLAND PARK FL 34731-5679**

2. Principal Place of Business

21 05440 E. Harbor Drive

Suite, Apt. #, etc.

22
City & State

23 Fruitland Park, FL

Zip Country

24 34731-6007

25

2a. Mailing Address

26 05440 E. Harbor Drive

Suite, Apt. #, etc.

27
City & State

28 Fruitland Park, FL

Zip Country

29 34731-6007

30

3. Date Incorporated or Qualified
03/12/1984

3a. Date of Last Report
04/18/1995

4. FEI Number

59-2418599

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

**GAMMON, ROBERT A.
04524 PINE STREET
FRUITLAND PARK FL 34731**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

05440 E. Harbor Drive

84 City

Fruitland Park

FL

85 Zip Code

34731-6007

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 below, or by facsimile and then applied to

(If/If Not, Registered Agent's Signature and Address) (If/If Not, Registered Agent's Signature)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PO
GAMMON, ROBERT A.
04524 PINE STREET
FRUITLAND PARK FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GAMMON, D. MURPHY
04524 PINE STREET
FRUITLAND PARK FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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

1.5 CITY-ST-ZIP

1.6 CITY-ST-ZIP

1.7 CITY-ST-ZIP

1.8 CITY-ST-ZIP

1.9 CITY-ST-ZIP

1.10 CITY-ST-ZIP

1.11 CITY-ST-ZIP

1.12 CITY-ST-ZIP

1.13 CITY-ST-ZIP

1.14 CITY-ST-ZIP

1.15 CITY-ST-ZIP

1.16 CITY-ST-ZIP

1.17 CITY-ST-ZIP

1.18 CITY-ST-ZIP

1.19 CITY-ST-ZIP

1.20 CITY-ST-ZIP

1.21 CITY-ST-ZIP

1.22 CITY-ST-ZIP

1.23 CITY-ST-ZIP

1.24 CITY-ST-ZIP

1.25 CITY-ST-ZIP

1.26 CITY-ST-ZIP

1.27 CITY-ST-ZIP

1.28 CITY-ST-ZIP

1.29 CITY-ST-ZIP

1.30 CITY-ST-ZIP

1.31 CITY-ST-ZIP

1.32 CITY-ST-ZIP

1.33 CITY-ST-ZIP

1.34 CITY-ST-ZIP

1.35 CITY-ST-ZIP

1.36 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Gammon

4/13/96

352 728 8480

Daytime Phone #

CR2E034 (12/95)