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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997

DOCUMENT # H61866

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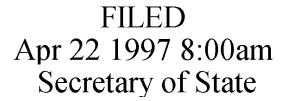
B. KENNETH GATLIN, P.A.

GATLIN, Schiefelbein & Cowdery, P.A.

Principal Place of Business

Mailing Address

1709-D MAHAN DRIVE TALLAHASSEE FL 32308 1709-D MAHAN DRIVE TALLAHASSEE FL 32308-5279





					3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Re 04/12/1996	eport
2. Principal Place of Business		·	2a. Mailing Address		4. FEI Number		plied For
21		26			59-2540412		1 Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	cate of Status Desired S8.75 Additional Fee Required		
C ty & State 23)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	•
Ζμι 24] .	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
GAT	'LIN, B. KENNETH		81	Name			
- 1709-D MAHAN DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32308		"	Subor Adi	diess (r.o. box Hambel is Not Acceptat	ле,	
,,,_			63				
			84	City		FL 85 Zip C	Code
11. Pursuant (office or n agent. Las SIGNATURI	to the provisions of Sections 607.05 egistered agent, or both, in the Stat on familiar with, and accept the oblig	02 and 607 1508, Florida Statute e of Florida Such change was a jations of Section 607.0505, Flor i	s, the above uthorized b rida Statute	/e-named co ly the corpora es.	orporation submits this statement for the paration's board of directors. It hereby acceptions	purpose of changing it pt the appointment as	s registered registered
ordination .	Signature typicid or purifical name of registered ag	eni and titic il applicable (NOTE	Registered Ag	ent signalure req	gulred when reinstating)	DATE	
12.	to any angle of the contract o	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
Tille	PD	☐ DELETE	1.1 TITLE			Change	Addition
NAME	GATLIN, B. KENNETH		1.2 NAME				
STREET ADORESS	2915 GATLIN ROAD		1.3 STREE	1 ADDRESS			
Olf St-2lk	TALLAHASSEE FL		1.4 CITY-	ST-ZIP			
THILE	8	DELETE	2.1 TITLE	•		Change	Addition
NAME	gatlin, Joan H.		2 2 NAME				
STREET AUGRESS	2915 GATLIN ROAD		2.3 STREE	T ADDRESS			
CUY-ST-ZIP	TALLAHASSEE FL		2. 4 CfTY	· ST - ZIP			
THILE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME:			3.2 NAME			***	
STREET ADDRESS			3.3 STREE	T ADDRESS			
C-TY - \$1 - ZIP			3.4. CITY-	-ST-ZIP		Δ	
THEF		DELETE	4.1 TiTLE		(1/2	Change	Addition
NAME:			4. 2 NAME		$u_{\mathcal{M}}$	$'\mathcal{M}$.	
STREET ADDRESS			4.3 STREE	T ADDRESS	V 1	Ų	
CHY-ST ZiP			4.4 CITY-	ST-ZIP	, N-1	J	
101.6		DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREE	T ADDRESS			
CCY-S1-7-P			5.4 DITY-				
1111 F		DELETE	6.1 TITLE			Change	Addition
NAM!			6.2 NAME		40000215 -04/24/97010	3084	
STREET ADORESS				T ADDRESS	-04/24/970100	06055	
					***165.00		
GHY-ST-ZIF	an existing that the information marrie		6.4 CITY -		ted in Coation 119 07/3Vi) Florida Statuto	a I further could that	the e

I do hereby certify that the information supplied with this filing does not quality 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 Lam 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 904-877-5609