Mailing Address

STUART FL 34997

U\$

9011 SW OLD KANSAS AVE 3121 S.W. WAALER STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

, Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H77112

Principal Place of Business

9011 SW OLD KANSAS AVE STUART FL 34997

SIGNATURE:

MR. GUTTER CUTTER, INC.

FILED
May 24, 1999 8:00 am
Secretary of State
05 24 1000 00021 029 ***150 00

05-24-1999 90021 038



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

09/20/1985

2. Principal Pla	ace of Business	2a. Mailing A	ddress				4. FEI Number		A	pplied For	
21		26					59-2581216		N	ot Applicable	
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired	
22 City & State		City & St	ate				6. Election Campaign Financing		\$5.00	May Be	
23	· 	28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Country			8. This corporation owes the curr	ent year Inta		-	
24	25	29	30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Currer				10. Name and Address of New F	Registered A	gent				
RICE, CRAIG SR. 9011 SW OLD KANSAS AVE STUART FL 34997					Name	•					
					82 Street Address (P.O. Box Number is Not Acceptable)						
					City				85 Zip	Code	
								<u> </u>			
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. Lan	n familiar with, and accept the obliga	ations of, Section 6	07.0505, Florida	Statutes		JO 14401	ng godia or emotions. Thereby sever	», (,,,= uppo			
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable.	(NOTE: Reg	jistered Agen	t signature	required	when reinstating)	DATE			
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P] DELETE	1.1 TITLE					☐ Change	Addition	
NAME	RICE, CRAIG S		1	1.2 NAME							
STREET ADDRESS	9011 SW OLD KANSAS AVE			1.3 STREET	ADDRES	3					
CITY-ST-ZIP	STUART FL			1.4 CITY-ST	Γ-ZIP						
TITLE			DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME)				2.2 NAME							
STREET ADDRESS				2.3 STREET	ADDRES	3					
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP						
TITLE			DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS	3					
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	Ì					
TITLE			DELETE	4.1 TITLE		1			Change	☐ Addition	
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREET	ADDRES	,					
CITY-ST-ZIP				4.4 CITY-S1							
TITLE		Г	DELETE	5.1 TITLE		†			Change	☐ Addition	
NAME		_		5.2 NAME		1			·		
STREET ADDRESS				5.3 STREET	ADDRES	3					
CITY-ST-ZIP				5.4 CITY-S1	r-zip						
TITLE			DÉLETE	6.1 TITLE		1-			Change	Addition	
NAME				6.2 NAME					_ •		
Į.				6.3 STREET	ADDRESS	3					
STREET ADDRESS				6.4 CITY-S		1					
14. I hereby c	ertify that the information supplied w	ith this filing does	not qualify for the	le exempti	on state	ed in Se	ection 119.07(3)(i), Florida Statutes.	I further cert	ify that the	information	
14. I 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, with all other like empowered.											

G OFFICER OR DIRECTOR