FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J26093 GOPHERS, INC.

(1)

FILED Jun 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				n 1801110 otto sidta sisti andio 18100 ots bibli bibli bibli bibli bibli bibli				
% MARJORIE HARRIS		% MARJORIE HARRIS						
- 500 Plaming o - Stuart fl. 94		500 FLAMINGO AVE. STUART FL 34006-2632						
Olomii IC 04	with according	OTOMIT TE OTOGOGOGE			3. Date incorporated or Qualified	3a. Date of Las	t Report	
					07/28/1986 05/01/1996		,	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u>' '</u>	Applied For	
21 525	ALAMANGA WAY	2817 SAME			59-2376129		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.					5 Additional	
22 Stu	ART	27			5. Certificate of Status Desired	Fee	Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be			00 May Be	
23				Trust Fund Contribution Added to Fees				
Zip	25 USA . 29 Country			ý	8. This corporation has tiability for in		r s. 199.032,	
24	9. Name and Address of Current		30			Yes No		
		negraterea Agent	81	Name	10. Name and Address of New Reg	Istered Agent		
HARRIS, MARJORIE				Name				
500 FLAMINGO AVE. STUART FL 33494			82	Street Add	ldress (P.O. Box Number is Not Acceptable)			
810	ARI PL 33494		83	ļ				
			00					
			84	City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0503	and 607 1609. Florido Cintula	on the obs	2 5000000000000000000000000000000000000	poration submits this statement for the pr			
office or r	registered agent, or both, in the State of	l Florida. Such change was a	authorized b	y the corpora	poration submits this statement for the plation's board of directors. I hereby accep	t the appointment	as registered	
agent. Fa	ım familiar with, and accept the obligati	ons of, Section 607.0505, Flo	orioa Statute	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	F: Rag stored An	not cianaluse senu	ired when reinstating)	DATE		
12.	OFFICERS AND	·	13.	en alguardie requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Chang		
NAME	HARRIS, MARJORIE		1.2 NAME					
STREET ADDRESS	500 FLAMINGO AVE.		13 STREE	ADDRESS				
CITY-ST-ZIP	STUART FL		14 CITY-1	ST-ZIP				
TITLE		DELETE	2 1 TITLE			☐ Chang	e 🔲 Addition	
NAME			22 NAME				}	
STREET ADDRESS			2 3 \$18EE	ADDRESS			ì	
CITY-ST-ZIP			2 4 C/TY-	ST - ZIP	4			
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	je 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ADDRESS				
CITY-ST-ZIP			3.4. CITY -	S1- ZIP				
TITLE	☐ DELETE		4.1 TITLE			☐ Chang	e 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		BECETE	4.4 CITY - 5	S1-ZIP			2" ["]	
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e L Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE					
CITY-ST-ZIP		DELETE	5.4 CITY - 3	ST-ZIP			e Addition	
TITLE		□ DETE	61 TITLE			☐ Chang	e L AUUIIIOA	
NAME STORET ADODESS			62 NAME	4DD0500			}	
STREET ADORESS			63 STREET	ŀ				
City-St-ZiP	ov certify that the information supplied v	vith this filing does not qualify	6.4 CITY-S		d in Section 119.07(3)(i), Florida Statutes	. I further certify th	al the	
informatio	n indicated on this annual report or sup	plemental annual report is tr	ue and acci	urate and tha	t my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made i	under oath: that I	
appears in	n Block 12 or Block 13 if changed, or o	n an attachment with an add	ress.	oue instrape	as required by Chapter 607, Florida St	atutes, and mat m	у паше	
	<i>N</i> I -	/					i	