

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J34422 (2)

1. Corporation Name

GAGNIER, HICKS ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% RICHARD J. FILDES
215 N. EOLA DR.
ORLANDO FL 32801

% RICHARD J. FILDES
215 N. EOLA DR.
ORLANDO FL 32801

3. Date Incorporated or Qualified

09/19/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2730373

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

2. Principal Place of Business

21

Suite, Apt., etc.

215 Ellington Road

City & State

Longmeadow, MA

Zip

01106

Country

USA

2a. Mailing Address

26

Suite, Apt., etc.

215 Ellington Road

City & State

Longmeadow, MA

Zip

01106

Country

USA

9. Name and Address of Current Registered Agent

FILDES, RICHARD J.
215 N. EOLA DR.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 name of registered agent and title, if applicable

(If Officer Registered Agent of signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GAGNIER, ROLAND C.
STREET ADDRESS 1750 GLENCOE RD.
CITY-ST-ZIP WINTER PARK FL

TITLE SD ☐ DELETE

NAME GAGNIER, MELANIE B.
STREET ADDRESS 1750 GLENCOE RD.
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME HICKS, NATHAN
STREET ADDRESS C/O 1750 GLENCOE ROAD
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

215 Ellington Road
Longmeadow, MA 01106

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

215 Ellington Road
Longmeadow, MA 01106

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

c/o 215 Ellington Road
Longmeadow, MA 01106

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(x), 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 617, 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

ROLAND C. GAGNIER

8-1-96

(413) 567-1971

CR2E034 (3/96)