

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90164 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # J40967

1. Corporation Name

AAA GILLIS ADJUSTMENT AND INVESTIGATION, INC.



Principal Place of Business 521 W. CENTRAL AVE WINTER HAVEN FL 33880 US	Mailing Address P.O. BOX 7092 WINTER HAVEN FL 33883 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 316 W. Central Ave #414 Suite, Apt. #, etc. 22 - City & State 23 Winter Haven FL Zip 24 33880 Country 25 USA		2a. Mailing Address 26 - Suite, Apt. #, etc. 27 - City & State 28 - Zip 29 - Country 30 -		3. Date Incorporated or Qualified 10/29/1986	
		4. FEI Number 59-2738599		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PEELER, GARY 521 W. CENTRAL AVE WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 316 W. Central Ave #414 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. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GILLIS, RAYMOND 521 W. CENTRAL AVE WINTER HAVEN FL	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	316 W. Central Ave #414
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VT GILLIS, NANCY 521 W. CENTRAL AVE WINTER HAVEN FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	316 W. Central Ave #414
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SVP GILLIS, CHARLES 521 W. CENTRAL AVE WINTER HAVEN FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S PEELER, SUSAN 521 W. CENTRAL AVE WINTER HAVEN FL 33880	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P PEELER, GARY 521 W. CENTRAL AVE WINTER HAVEN FL 33880	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	316 W. Central Ave #414
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  Nancy R. Gillis VP 4-20-99 293-0007 (941)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)