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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J58149

(2)

Mailing Address

ELLIS AND GAINER CORPORATION

FILED Apr 13 1998 8:00am Secretary of State



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2210 LARCHMONT LANE TALLAMASSEE FL 32311 US		2210 LARCHMONT LANE TALLAHASSEE FL 32311			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 02/20/1987		
2. Principal Place of Business		2s. Mailing Add	2s. Mailing Address		4. FEI Number Applied F	
21		26	26		59-2781761	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Stato			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ip 29	Country 30		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes [] No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ELLIS, RUDOLPH				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
2210 LARCHMONT LANE						

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 registored 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, and accept the obligations of, Section 607.0505, Florida Statutes.

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City

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ELLIS, RUDOLPH NAME 2210 LARCHMONT LANE 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE ■ Addition 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 allacting on with an address

6.4 CITY-ST-ZIP

SIGNATURE

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4/6/98 850 42/3/63

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