FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J86790** **(9)**

1. Corporation Name

E.S. GATLIN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
HCR 76 BOX 51 COALMONT TN 37313	HCR 76 BOX 51 COALMONT TN 37313

3. Date Incorporated or Qualified: **08/04/1987**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **NOT APPLICABLE** ☐ 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.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

GUTHRIE, MARY
6216 FAIRWAY BLVD.
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name: LEIGH HARRIS
82 Street Address (P.O. Box Number is Not Acceptable): 2227 PHILLIPI ST.
83
84 City: SARASOTA FL 85 Zip Code: 34231

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 X _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DELOZIER, JIM	
STREET ADDRESS	HCR 76 BOX 51 N/A	
CITY-ST-ZIP	COALMONT TN 37313	
TITLE	V	☐ DELETE
NAME	GATLIN, ROBERTA	
STREET ADDRESS	P.O. BOX 776 N/A	
CITY-ST-ZIP	WHITWELL TN	
TITLE	D	☐ DELETE
NAME	HARRIS, MICKEY	
STREET ADDRESS	11501 W. FAIRMONT AVE.	
CITY-ST-ZIP	CHATTANOOGA TN 37405	
TITLE	S	☐ DELETE
NAME	DELOZIER, MELBA	
STREET ADDRESS	HCR 76, BOX 51 N/A	
CITY-ST-ZIP	COALMONT TN	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 City-St-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 City-St-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 City-St-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 City-St-ZIP		
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	KATHY COOK	
5.3 STREET ADDRESS	P.O. BOX 463 N/A	
5.4 City-St-ZIP	EMERSON, GEORGIA 30137	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 City-St-ZIP		

14. I do hereby certify that the information supplied with this report is true, voluntarily furnished and 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.

SIGNATURE: Jim DeLozier JIM DELOZIER 3-24-96 615-592-6658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (12/95)