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FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K57665

(7)

1. Corporation Name

GAIL LECRANN, INC.

Principal Place of Business

Mailing Address

C/O GAIL LECRANN  
103 SE TUSCAWILLA AVE  
OCALA FL 32671

C/O GAIL LECRANN  
103 SE TUSCAWILLA AVE  
OCALA FL 34471-2259



3. Date Incorporated or Qualified

02/01/1989

3a. Date of Last Report

06/24/1996

2. Principal Place of Business

21 96 Gail Lecrann

Suite, Apt. #, etc.

22 103 SE Tusawilla Ave

City & State

23 Ocala FL

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 96 Gail Lecrann

Suite, Apt. #, etc.

27 103 SE Tusawilla Ave.

City & State

28 Ocala FL

Zip

29 34471

Country

30 USA

4. FEI Number

59-2928504

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

9. Name and Address of Current Registered Agent

LECRANN, GAIL  
103 SE TUSCAWILLA AVE  
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

Lecrann, Gail

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

103 SE Tusawilla Ave

83

84 City

Ocala

FL

85 Zip Code

34471

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, if 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 of officer or director of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LECRANN, GAIL  
STREET ADDRESS 103 SE TUSCAWILLA AVE  
CITY-ST-ZIP Ocala FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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 Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Change Addition

14. I do 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/97

CR2E034 (9/96)