FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 L12959 **DOCUMENT #** Corporation Name GILCO, INC. Mailing Address Principal Place of Business 871-A MEADOWLAND DR 871-A MEADOWLAND DR NAPLES FL 33963 NAPLES FL 33963 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1989 01/19/1995 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 65-0142662 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intaggible tax under s 199.032, Country Country Zip Yes V No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CANNING & MURRAY, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 8300 N.W. 53RD ST., SUITE 300 **MIAMI FL 33166** Zip Code 84 85 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS ☐ Addition DELETE 1. 1 TITLE Change TITLE COURET, GILBERT 12 NAME NAME 871-A MEADOWLAND DR 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP DITY-ST-ZIP Change Addition DELFTE TITLE 2 1 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY - S1 - ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 4. 1 TITLE TITLE 4 2 NAME NAME

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)(k). 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 cath; 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 12 if changed, or on an attachment with an address. CITY-SI-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY - ST - ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

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GILBERT COURST

DELETE

DELETE

Change

☐ Change

Addition

☐ Addition

(12/95)

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