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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40716 (7)

1. Corporation Name
GILLIARD SPREADER SERVICE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 29<br>ZOLFO SPRINGS FL 33890 | P.O. BOX 29<br>ZOLFO SPRINGS FL 33890 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 06/08/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 P.O. Box 1952 | 26 P.O. Box 1952 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 Zolfo Springs, FL. | City & State 28 Zolfo Springs, FL. |
| Zip 24 33890 Country 25 U.S.A. | Zip 29 33890 Country 30 U.S.A. |

4. FEI Number: 65-0163191 ☐ 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

GILLIARD, JOY A
MERLE LANGFORD ROAD
P O BOX 29
ZOLFO SPRINGS FL 33890

Same Agent Address change →

10. Name and Address of New Registered Agent

91 Name: Joy A. Gilliard
92 Street Address (P.O. Box Number is Not Acceptable): Merle Langford Rd.
93: PO Box 1952
94 City: Zolfo Springs, FL 95 Zip Code: 33890

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: Joy A. Gilliard - Joy A. Gilliard Sec/Treas. 1-16-95
Signature of new 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 | 1.1 TITLE | P,D Address ☑ Change ☐ Addition |
| NAME | GILLIARD, GERALD L. | 1.2 NAME | Gerald L. Gilliard |
| STREET ADDRESS | P.O. BOX 29 N/A | 1.3 STREET ADDRESS | PO Box 1952 N/A |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 1.4 CITY-ST-ZIP | Zolfo Springs FL |
| TITLE | D | 2.1 TITLE | D,T,S ☐ Change ☐ Addition |
| NAME | GILLIARD, JOY A. | 2.2 NAME | Joy A Gilliard |
| STREET ADDRESS | P.O. BOX 29 N/A | 2.3 STREET ADDRESS | PO Box 1952 N/A |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 2.4 CITY-ST-ZIP | Zolfo Springs, FL |
| TITLE | T | 3.1 TITLE | T ☐ Change ☐ Addition |
| NAME | GILLIARD, BRENT L. | 3.2 NAME | Brent L. Gilliard |
| STREET ADDRESS | P.O. BOX 29 N/A | 3.3 STREET ADDRESS | PO Box 1952 N/A |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 3.4 CITY-ST-ZIP | Zolfo Springs, FL |
| TITLE | T | 4.1 TITLE | T ☐ Change ☐ Addition |
| NAME | GILLIARD, WILLIAM B. | 4.2 NAME | William B Gilliard |
| STREET ADDRESS | P.O. BOX 29 N/A | 4.3 STREET ADDRESS | PO Box 1952 N/A |
| CITY-ST-ZIP | ZOLFO SPRINGS FL | 4.4 CITY-ST-ZIP | Zolfo Springs, FL |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Address change only

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)(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: Joy A. Gilliard Joy A. Gilliard 1-16-95 813-735-0490
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON DIRECTION Date Daytime Phone #

044A041 FP