

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 # **L40716** (7)

1. Corporation Name
GILLIARD SPREADER SERVICE, INC.



Principal Place of Business
**P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US**

Mailing Address
**P.O. BOX 1952
ZOLFO SPRINGS FL 33890
US**

3. Date Incorporated or Qualified **01/08/1990** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0163191 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GILLIARD, JOY A
MERLE LANGFORD ROAD
P.O. BOX 1952
ZOLFO SPRINGS FL 33890**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.* DATE **4-22-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, GERALD L.	12 NAME	
STREET ADDRESS	P.O. BOX 1952 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	14 CITY-ST-ZIP	
TITLE	DTS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, JOY A.	22 NAME	
STREET ADDRESS	P.O. BOX 1952 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	24 CITY-ST-ZIP	
TITLE	T	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, BRENT L.	32 NAME	
STREET ADDRESS	P.O. BOX 1952 NA	33 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	34 CITY-ST-ZIP	
TITLE	T	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, WILLIAM B.	42 NAME	
STREET ADDRESS	P.O. BOX 1952 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS FL	44 CITY-ST-ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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* 4-22-96 941-735-0490

CR2E034 (12/95)