

**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**  
4. FEI Number: **65-0163191**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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**

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

**10. Name and Address of New Registered Agent**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLIARD, GERALD L.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	GILLIARD, JOY A.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILLIARD, BRENT L.	
STREET ADDRESS	P.O. BOX 1952 NA	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILLIARD, WILLIAM B.	
STREET ADDRESS	P.O. BOX 1952 N/A	
CITY-ST-ZIP	ZOLFO SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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* DATE: **4-22-96** DAYTIME PHONE #: **941-735-0490**

CR2E034 (12/95)