## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

J.A. Bunter

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS 97 JUL 18 MI 10: 39 DOCUMENT # 4 72 04 4 SECRETALY OF STATE TALLAHASSEE FLORIDA J.A. Gunter, INC. Principal Place of Business Mailing Address 440 Eloise Ave 440 ELDISE AVE. Titusville, FH Titusville, FL 32796 3a. Date of Last Report 32796 3. Date Incorporated or Qualified 5-8<del>0</del> 1990 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent J.A. Guster 440 Eloise AVE. 82 Titusville, FL 32796 83 84 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 697.0505. Florida Statutes.

SIGNATURE

J.A. Gunter

1. 47 J.A. Gunter 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition J. A. Gunter NAME 1.2 NAME 440 Eloise Ave. 1 3 STREET ADDRESS STREET ADDRESS Titusville, FL 32794 CITY-ST-ZIP 1.4 CHTY-ST-ZIP TITLE DELETE Change 2.1 TITLE GIZDYS N. BONTET 440 Eloise AVC NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Titusville, Ft 32796 City-St-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE ■ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADORESS 800002245248--8 CITY-ST-ZIP 3 4. CITY - ST - ZIP U7/23/37--01089--001dition TITLE DELETE 4 1 7/11 \*\*\*\*165.00 \*\*\*\*165.00 NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7/P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE TITLE Change 6.1 IIIi.E Addition NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP 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), Flor-da 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 oat 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.

407-269-6864