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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L77107 (5)
1. Corporation Name
CHARLES B. GWYNN & CO., INC.



Principal Place of Business Mailing Address
C/O CHARLES B. GWYNN C/O CHARLES B. GWYNN
161 NE 5TH AVE. 161 NE 5TH AVE.
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 c/o Joseph P. Moore

27 Suite, Apt. #, etc.
161-A NE 5th Ave.

28 City & State

28 Delray Beach, FL

29 Zip

29 33483

30 Country

30 Palm Bch

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

65-0199595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GWYNN, CHARLES B.
161 NE 5TH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name

Joseph P. Moore

82 Street Address (P.O. Box Number is Not Acceptable)

161-A NE 5th Ave.

83

84 City

Delray Beach

FL

85 Zip Code
33483

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

Joseph P. Moore

Joseph P. Moore

04/01/98

Signature and printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ~~DELETE~~
NAME GWYNN, CHARLES B.
STREET ADDRESS 615 LAKE DR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE VS ~~DELETE~~
NAME GWYNN, CHARLES B.
STREET ADDRESS 615 LAKE DR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ~~DELETE~~
NAME GWYNN, CAROLE S
STREET ADDRESS 615 LAKE DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ~~DELETE~~
NAME GWYNN, CHARLES J
STREET ADDRESS 615 LAKE DRIVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/T ~~DELETE~~ ☒ Change ☐ Addition
1.2 NAME Joseph P. Moore
1.3 STREET ADDRESS 17680 Oakwood Ave.
1.4 CITY-ST-ZIP Boca Raton, FL 33487

2.1 TITLE VP/S/D ~~DELETE~~ ☒ Change ☐ Addition
2.2 NAME Kelley Moore
2.3 STREET ADDRESS 17680 Oakwood Ave.
2.4 CITY-ST-ZIP Boca Raton, FL 33487

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

Joseph P. Moore

4/1/98

17680 33487

CR2E034 (10/97)