

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M32984** (0)

1. Corporation Name
THE G. K. FISHER COMPANY

Principal Place of Business
**699 8TH COURT
VERO BEACH FL 32962**

Mailing Address
**P.O. BOX 6638
VERO BEACH FL 32961-6638**



2. Principal Place of Business 21 546 1st Street Suite, Apt. #, etc.		2a. Mailing Address 26 546 1st Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/02/1986		3a. Date of Last Report 03/12/1996	
22 City & State 23 Vero Beach FL		27 City & State 28 Vero Beach FL		4. FEI Number 59-2677985		Applied For Not Applicable	
24 Zip 32962 25 Country USA		29 Zip 32962 30 Country USA		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ADAMS, HEIDI
699 8TH COURT
VERO BEACH FL 32962**

10. Name and Address of New Registered Agent

81 Name **Toomey, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable)
546 1st STREET
83
84 City **VERO BEACH** FL 85 Zip Code **32962**

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

Robert Toomey

Signature, typed or printed name of registered agent and his, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/22/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, AL	1.2 NAME	
STREET ADDRESS	4104 18TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32960	1.4 CITY - ST - ZIP	
TITLE	VDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, GEORGE K.	2.2 NAME	
STREET ADDRESS	720 24TH SQUARE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32962	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, HEIDI	3.2 NAME	
STREET ADDRESS	546 1st STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32962	3.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, JAMES P.	4.2 NAME	TOOMEY, ROBERT
STREET ADDRESS	815 23RD AVE	4.3 STREET ADDRESS	546 1st STREET
CITY - ST - ZIP	VERO BEACH FL 32960	4.4 CITY - ST - ZIP	VERO BEACH, FL 32962
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, RICHARD A.	5.2 NAME	FABON, JOHN
STREET ADDRESS	1025 AXELWOOD CIRCLE	5.3 STREET ADDRESS	546 1st STREET
CITY - ST - ZIP	BRANDON FL 33511	5.4 CITY - ST - ZIP	VERO BEACH, FL 32962
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - 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), 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, as changed, or on an attachment with an address.

SIGNATURE:

Robert Toomey **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)