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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M76137

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GIL-WIL, INC.

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Apr 16 1997 8:00am

Secretary of State

Principal Place of Business 8169 LONGBAY BLVD. SUITE 210 SARASOTA FL 34236 US			B169 LONG BAY BLVD. SARASOTA FL 34243-2041				
					3. Date Incorporated or Qualified 04/12/1988	3a. Date of 06/12/19	
2. Principal Pi	ace of Business	2a. Mailing Addres	SS		4. FEI Number 65-0108052		Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, e	ilc.		5. Certificate of Status Desired	1 1 7 .	3.75 Additional Fee Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	Country	This corporation has liability for Florida Statutes	intangible tax u	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Agen	t
LYO!	N, GRACE I			81 Name			
	LONGBAY BLVD.			82 Street Ac	ddress (P.O. Box Number is Not Accepta	ible)	
SAR	ASOTA FL 34243			\ <u></u>			
				63			
				84 City		85	Zip Code
11 Pursuant	in the provisions of Sections 607 (1502 and 607 1508 Florida	Statutes the	above-named or	ornoration submits this statement for the	FL o	noing its registered
office or n	io the provisions of Sections 607.0 egistered agent, or both, in the St in familiar with, and accept the of	ate of Florida, Such change digations of Section 607.09	e was authori	ized by the corpo	ration's board of directors, I hereby acce	apt the appointm	ient as registered
SIGNATURE						DATE	
SIGNATURE	Signature, itypica or printed name of registered			tered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	CTORS IN 12
SIGNATURE	Signaria, ity kin or percod harve of registerac OFFICERS.	agent and title if applicable	(NOTE: Regist	tered Agent signature re	Quired when reinstating)	DATE CERS AND DIRE	ECTORS IN 12
SIGNATURE	Square, 1914 or period have of registered OFFICERS D LYON, GRACE 1.	agent and title of applicable	(NOTE: Regist	tered Agent signature re	Quired when reinstating)	DATE CERS AND DIRE	
SIGNATURE 12. TITLE	OFFICERS D LYON, GRACE I. 8169 LONG BAY BLVD.	agent and title of applicable	(NOTE: Regist 1:	tered Agent signature re 3.	Quired when reinstating)	DATE CERS AND DIRE	
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Tam 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 ap-examinent with an address.