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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # No. Corporation Name

**1998** 

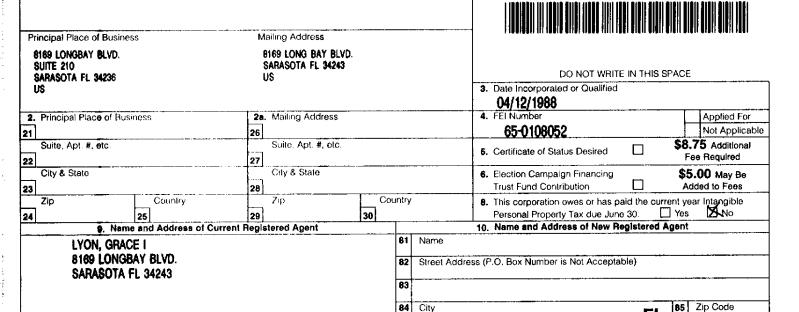
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GIL-WIL, INC.

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FILED
May 21 1998 8:00am
Secretary of State



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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Signature, typod or printed name of repistered agent and tille if applical	be (NOTE R	egistered Agent signature	required when reinstating) DAT	t.	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 THTLE		Change	Addition
NAME	LYON, GRACE I.		1.2 NAME			
STREET ADDRESS	8169 LONG BAY BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE	D	Change	Addition
NAME			2.2 NAME	WILLIAM K. LYON		
STREET ADDRESS			2.3 STHEET ADDRESS	WILLIAM K. LYON 8169 LONGBAY BLUD		
CITY-ST-ZIP			2 4 CITY - ST - ZIP	SARASOTAFL 34243		
TITLE		DELETE	3 1 TITLE	D	Change	Addition
NAME			3 2 NAME	H. JEROME DAVIS JR		
STREET ADDRESS			3.3 STREET ADDRESS	8169 LONGBAY BLVD		
CITY+ST-ZIP			3.4. CITY-ST-ZIP	SARASOTA FL 34243		
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 City-St-ZiP	O CONTROL OF CONTROL O		

4. I hereby certify that the information supplied with this filling 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 additional statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplied under cash in the information stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplied under cash; 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 additional statute of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the same logal effect as if made under cash; the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on the corporation of the corporation

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