

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005688

1. Corporation Name

FRINEDS OF GUMMI, INC.

Principal Place of Business

225 MOORING LINE DR.
NAPLES FL 34102

Mailing Address

225 MOORING LINE DR.
NAPLES FL 34102

FILED
Mar 03, 1999 8:00 am
Secretary of State

0086477

03-03-1999 90005 035 ****75.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

31-1622591

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT RD. SOUTH
NAPLES FL 34112

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	□ DELETE	1.1 TITLE	P. F. S. JANICE RUDOLPH	□ Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	225 MOORINGLINE DRIVE	
STREET ADDRESS		1.3 STREET ADDRESS	NAPLES, FL 34102	
CITY-ST-ZIP		1.4 CITY-ST-ZIP		
TITLE	□ DELETE	2.1 TITLE	T. I. V. P. ROBERT RUDOLPH	□ Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	225 MOORINGLINE DRIVE	
STREET ADDRESS		2.3 STREET ADDRESS	NAPLES FL 34102	
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	□ DELETE	3.1 TITLE	D. CARRI WAGNER	□ Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	870-A MEADOWLAND DRIVE	
STREET ADDRESS		3.3 STREET ADDRESS	NAPLES FL 34108	
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	□ DELETE	4.1 TITLE	D. JODI MORELOCK	□ Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	7077 NORTH AIRPORT RD	
STREET ADDRESS		4.3 STREET ADDRESS	NAPLES FL 34109	
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	□ DELETE	5.1 TITLE	D. BRYCE McCaughey	□ Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	3298 PONCE DE LEON	
STREET ADDRESS		5.3 STREET ADDRESS	NAPLES FL 34105	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	□ DELETE	6.1 TITLE	D. SEAN LUEDTKE	□ Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	P.O. BOX 9947	
STREET ADDRESS		6.3 STREET ADDRESS	NAPLES FL 34101	
CITY-ST-ZIP		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 document; that my signature is authorized by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like entries.

FRINEDS OF GUMMI
JANICE & BOB RUDOLPH
225 MOORINGLINE DR.
NAPLES, FL 34102

SIGNATURE: *Janice & Bob Rudolph* REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99 941-434-7559
Daytime Phone #

CR2E037 (11/98)