


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90046 042 ****61.25

0001984

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006661					
1. Corporation Name THE GILMORE GROUP, INC.					
Principal Place of Business 510 FREMONT AVENUE DAYTONA BEACH FL 32114			Mailing Address 510 FREMONT AVENUE DAYTONA BEACH FL 32114		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3538236	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		29	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name Richard K Churchman, C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 1255 Mason Avenue 83 84 City Daytona Beach FL 85 Zip Code 32117		

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

Richard K Churchman

1-13-99

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JOSEPH A SR.	1.2 NAME	
STREET ADDRESS	510 FREMONT AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, ETHEL	2.2 NAME	
STREET ADDRESS	510 FREMONT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILMORE, JOSEPH A JR.	3.2 NAME	
STREET ADDRESS	510 FREMONT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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 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 empowered.

SIGNATURE: *Joseph A. Gilmore, Sr.* Joseph A. Gilmore, Sr. 2/2/99 (904) 238-1278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)