

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90346 038 ***150.00

DOCUMENT # P00000068612

1. Entity Name

GILLESPIE CONSTRUCTION, INC.



Principal Place of Business

905 GROVE PARK BLVD
JACKSONVILLE FL 32216

Mailing Address

905 GROVE PARK BLVD
JACKSONVILLE FL 32216

44039613

2. Principal Place of Business

2045 Grove Bluff Rd

3. Mailing Address

2045 Grove Bluff Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Switzerland, Florida

City & State

Switzerland Florida

4. FEI Number

59-3658936

Applied For

Not Applicable

Zip

32259

Country

USA

Zip

32259

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLESPIE, GENE A
905 GROVE PARK BLVD
JACKSONVILLE FL 32216

Name Gillespie, Gene A

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

2045 Grove Bluff Rd

City Switzerland

FL

Zip Code 32259

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GILLESPIE, GENE A
STREET ADDRESS 905 GROVE PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME GILLESPIE, JULIE A
STREET ADDRESS 905 GROVE PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie A. Gillespie, V.P. 4/28/04
Date Daytime Phone #

904-721-7054