

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P21910** (5)
1. Corporation Name
GORDON PAGE ASSOCIATES, INC.



Principal Place of Business 777 GLOUCESTER ST., SUITE 401 P.O. BOX 1396 BRUNSWICK GA 31521	Mailing Address 777 GLOUCESTER ST., SUITE 401 P.O. BOX 1396 BRUNSWICK GA 31521
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 Gloucester Street Suite, Apt. #, etc. 22 Suite 401 City & State 23 Brunswick, Georgia Zip 24 31520		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 U.S.A.		3. Date Incorporated or Qualified 11/30/1988	
4. FEI Number 58-1822277		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DILLER, STEPHEN C.W. 7236 STATE ROAD 52 SUITE 10 HUDSON FL 34667				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAUGHTER WILLIAM E. 4448 PACES BATTLE DR NW ATLANTA GA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President - Director <input type="checkbox"/> Change <input type="checkbox"/> Addition L. A. Page 531 Anclote Road - C-12 Tarpon Springs, Florida 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILLER, STEPHEN C.W. 9870 LAKEVIEW DR NEW PT RICHEY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BISHOP, JAMES A. 777 GLOUCESTER ST. S.401 BRUNSWICK GA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAGE L.A. 5104 E. LONGBOAT BLVD. TAMPA FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice-President - Director <input type="checkbox"/> Change <input type="checkbox"/> Addition L. E. Page 531 Anclote Road - C-12 Tarpon Springs, Florida 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAGE, L.E. 5104 E. LONGBOAT BLVD TAMPA FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition T. W. Page 531 Anclote Road - C-12 Tarpon Springs, Florida 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-98 (912) 264-2390
Date Daytime Phone # 0496072

CR2E034 (10/97)