


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90265 028 \*\*\*150.00

0484288

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P92000010255**

1. Corporation Name  
**GILLETTE LAND COMPANY**

Principal Place of Business P.O. BOX 826 TELLEVAST FL 34270-0826	Mailing Address P.O. BOX 826 TELLEVAST FL 34270-0826
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1575 Main Street Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 34236	2a. Mailing Address 26 1575 Main Street Suite, Apt. #, etc. 27 City & State 28 Sarasota FL Zip 29 34236	Country 25 Sarasota	Country 30 Sarasota
---	--	------------------------	------------------------

3. Date Incorporated or Qualified 12/07/1992	4. FEI Number 65-0379255	Applied For 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"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KENT, WENDEL F**  
**6121 RICHARDSON RD.**  
**SARASOTA FL 34240**

10. Name and Address of New Registered Agent

81 Name KENT, WENDEL F.
82 Street Address (P.O. Box Number is Not Acceptable) 1575 MAIN STREET
83
84 City SARASOTA
85 Zip Code FL 34236

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 Wendel F. Kent *X* Wendel F. Kent DATE 4-12-99

Signature, typed or printed name of registered agent and title if applicable. (Not a registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENT, WENDEL F.	
STREET ADDRESS	6121 RICHARDSON RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KENT, PETER E	
STREET ADDRESS	7235 SADDLE CREEK CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WHITE, ELIZABETH T	
STREET ADDRESS	3611 QUAIL HOLLOW PALCE	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1575 Main Street
1.4 CITY-ST-ZIP	Sarasota FL 34236
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, 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: Wendel F. Kent DATE 4-12-99 DAYTIME PHONE # 941-330-8631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)