

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051272 (1)

1. Corporation Name

GILLIS POWELL ENTERPRISES, INC.



Principal Place of Business

3925 S FERDON BLVD
CRESTVIEW FL 32536
US

Mailing Address

422 N MAIN STREET
CRESTVIEW FL 32536

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

g. Name and Address of Current Registered Agent

POWELL, DIXIE D
422 N MAIN STREET
CRESTVIEW FL 32536

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 607.05(2) and 607.15(5), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE

Dixie D. Powell

President / Director

4-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME PD
POWELL, DIXIE D
STREET ADDRESS 422 N MAIN STREET
CITY-STATE-ZIP CRESTVIEW FL 32536

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME VD
POWELL, GILLIS E JR
STREET ADDRESS 422 N MAIN STREET
CITY-STATE-ZIP CRESTVIEW FL 32536

5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME STD
GILLIS, POWELL S
STREET ADDRESS 422 N MAIN ST
CITY-STATE-ZIP CRESTVIEW FL

8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. NAME
12. STREET ADDRESS
13. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. NAME
18. STREET ADDRESS
19. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 president 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 a replacement with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

904-682-9649

CR2E034 (12/95)