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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051272 (1)

GILLIS POWELL ENTERPRISES, INC.

3925 S FERDOI CRESTVIEW FL		422 N MAIN STREET Crestview FL 32536-3540							
US						3. Date Incorporated or Qualified 07/22/1993		nte of Last R 05/1996	eport
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEI Number			oplied For
		26			59-3 192397		No	ot Applicabl	
Sulle, Apt. t	n, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired    \$8.75 Addition Fee Required				
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
<i>Z</i> ip □	Country 25	Zip 29	Coun 30	itry			Yes [	] No	. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	Agent	
	ELL, DIXIE D		1	81	Name				
	n main street Stview FL 32536		1	82	Street Addr	ress (P.O. Box Number is Not Acceptab	ile)		
			[	В3					
			Ī	B4	City		FL	<b>85</b> Zip	Code
agent Lar SIGNATURE	n familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statu TE Registered	ites	i. 	tion's board of directors. I hereby acception to the state of the stat	DATE		
12. 		ND DIRFCTORS	13.			ADDITIONS/CHANGES TO OFFIC	EHS AND		
Inte	PD POWER DIVIE D	OELETE	1.1 TITL					Change	Additio
NAM#	POWELL, DIXIE D		1.2 NAM						
STREET ADORESS	422 N MAIN STREET		1		ADDRESS				
01y ST-7P	CRESTVIEW FL 32536	☐ DELETE	1.4 CIT		I-ZIP			Change	Additio
NAME	VD POWELL, GILLIS E JR	Clockit	2.2 NA					E'n oundê	L. Hadiiii
STREET ADDRESS	422 N MAIN STREET				ADDRESS	9			
	CRESTVIEW FL 32536		2.4 CH		l	*			
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IAME I	GILLIS, POWELL S		3.2 NAM						
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D01Y+\$1+7∂	CRESTVIEW FL		3.4. DIT						
ni -		DELETE	4.1 TITL					Change	Additi
NAME			4. 2 NA	ME					
STREET ALKORESS			4.3 STR	REET.	ADDRESS				
CHY-ST ZIP			4.4 CIT	Y - S'	T-ZIP				
TITLE		DELETE	5.1 TITU	_				Change	Addite
NAM:			5 2 NAI	ME	}		,		
STREET ADDRESS			5.3 STA	IEET	ADDRESS				
City-ST ZIP			5.4 CIT	Y-\$1	T-2)P				
TILLS		DELETE	6.1 TIT	LE			7,000	☐ Change	Addition
NAME }			62 NAI	ME					
STREET A HORESS			6.3 STF	REET	ADDRESS				
CITY ST-7-2			64 CIT	Y - S	T-21P				
informatio Lam an of	o indicated on this annual report or	supplemental annual report is or the receiver or trustee empo	true and a wered to ex	ccu	irate and that	d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect <b>a</b> s	s if made un	nder oath;