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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072379 (9)

SILENCE GRAY FELLOWS, INC.

Principal Place of Business Mailing Address											11 00111 186	IN HERE III	III 1 5 U i	O IDH KUTI
CARNIAL DRIV		-		Р	P.O. BOX 343									
LOT #20 YULEE FL 32097-0343							1							
YULEE FL 32097										DO NOT WRITE IN THIS SPACE				
									,	Date Incorporated or Qualified 10/12/1993				
2. Principal Pi	lace of Busin	ness	·	2a. Mailing Address					4. F	El Number			Apr	plied For
21				26					59-3208758				Not	l Applicable
Sulte, Apt.	#, etc.			Suite, Apt. #, etc.					E (Certificate of Status Desired				dditional
22				27					J		_	Fe	e Re	quired
City & State					City & State					Election Campaign Financing				May Be
23				28						Trust Fund Contribution	. <u>LL</u>			o Fees
Zip	Country			-	. 			untry		This corporation owes or has pai		rrent yea 		angible No
24		25	Address of Curren	29	A	30				Personal Property Tax due June Name and Address of New Re			<u> </u>	NO
00				it negis	tered Agent		B1	Name	10.	Hallie allu Audiess oi Harr De	JISTOIGA	Agoin		
	NHAM, CAI							Namo						
	RNIAL DRIV		O1 #20					Street Add	ress (P.0	ess (P.O. Box Number is Not Acceptable)				
TUI	LEE FL 320	UBI					83							
							63							
							84	City			FL	85	Zip C	Code
			al Castinan COZ OFO	0 and C	07 4500 Florido Statu	ton the o	h 01/0	named car	porotion	submits this statement for the p		-	ina ite	topictored
office or re	egi ste red ac	gent.	or both, in the Stale	of Florid	da. Such chan ge wa s	authorize	d by	the corpora	tion's bo	eard of directors. I hereby accep	it the app	onlmer	າ າ ຊຣ ເ	registered
agent. I a	m familiar w	ith, a	n d a ccept the obliga	ations of	f, Section 607.0505, F	lorida Sta	tutes							
SIGNATURE	Ctaral was to said		nled name of registered age	at and title	If poul cable (NO	Tf : Dogletore	d Agor	nt signature requ	rod whoo re	anetating)	DATE			
12.	algranure, typed	or pri	OFFICERS AN			13.	o Agei	ii aigraiore redo		ODITIONS/CHANGES TO OFFIC		D DIREC	CTOR	S IN 12
TITLE	DP				DELETE	1.1 T	TLE			SETTION OF THE MEDICAL PROPERTY OF THE PERSON OF THE PERSO		☐ Cha		Addition
NAME	DENHAM, CALVIN K						1.2 NAME							
STREET ADDRESS			RIVE LOT #20			1.3 S	TREET A	ADDRESS			-			
CITY-ST-ZIP	YULEE	FL 3	2097				ITY-ST							
TITLE					DELETÉ	2.1 I						Cha	inge	☐ Addition
NAME						2.2 N	AME							
STREET ADDRESS						235	IREE1 A	ADDRESS						
CITY-ST-ZIP			•				1Y-S	t						
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CITY-ST-ZIP						5.4 C	ITY - \$1	r-ZIP						
TITLE					DELETE	6.1 T	TLE					Cha	inge	Addition
NAME						6.2 N	AME							
STREET ADDRESS						6.3 S	TREE1.	ADDRESS						

14. Thereby 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 turble 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.