FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000030603 (2)

1. Corporation Name
GERALD LAWLESS ENTERPRISES INC.

Principal Place of Business	Mailing Address
~~POB 858~~ LACOOCHIE ~~FL~~ 33537	~~POB 858 LACOOCHIE FL 33537~~

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: 04/19/1995

4. FEI Number: 65-0475557 — Applied For / Not Applicable

2. Principal Place of Business: 21 2205 TAMIAMI TRAIL
Suite, Apt. #, etc.: 22 PT CHARLOTTE FL
City & State: 23
Zip: 24 33821 Country: 25

2a. Mailing Address: 26 SAME
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARTIN, A P
14 N DESOTO AVE
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name: CANDACE LAWLESS
82 Street Address (P.O. Box Number is Not Acceptable): 2205 TAMIAMI TRAIL UNIT J
83
84 City: PORT CHARLOTTE FL 85 Zip Code: 33948

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: Candace Lawless / Pres   4-29-96
Signature, typed or printed name of registered agent and title if applicable   DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PD~~	☐ DELETE
NAME	~~LAWLESS, GERALD~~	
STREET ADDRESS	~~39512 BOOTH RD~~	
CITY-ST-ZIP	~~LACOOCHIE FL 33537~~	
TITLE	~~STD~~	☐ DELETE
NAME	LAWLESS, CANDACE	
STREET ADDRESS	39512 BOOTH RD	
CITY-ST-ZIP	LACOOCHIE FL 33537	
TITLE	~~VPC~~	☐ DELETE
NAME	~~MARTIN, A.P.~~	
STREET ADDRESS	~~14 N. DESOTO AVE.~~	
CITY-ST-ZIP	ARCADIA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☒ Change ☐ Addition
1.2 NAME	CANDANCE LAWLESS	
1.3 STREET ADDRESS	3079 S.W. GATOR TRAIL	
1.4 CITY-ST-ZIP	ARCADIA FL 33821	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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: Candace Lawless / Pres   4-29-96   (941) 764-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)