

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

5 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000034072 (6)**

1. Corporation Name
GILLIAN, INC.

Principal Place of Business:

**10906 WINGATE DR.
TAMPA FL 33624**

Mailing Address:

**10906 WINGATE DR
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 38. Date of Last Report

05/05/1994

2. Principal Number of Employees

21 3010 W. GANOND BLVD

2a. Mailing Address

26 4807 BAYSHORE BLVD

AP # 1.

4. FEI Number

59-323-9992

Applied For

Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

1

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City, & State

City, & State

TAMPA FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

County

33611 HILLS

Zip

County

33611 HILLS

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRISON, THOMAS K
1200 WEST PLATT ST.
SUITE 100
TAMPA FL 33606**

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 607.06(2) 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 responsibility of, Sections 607.06(2) and 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D
2. NAME	OLMSTED, GILLIAN C
3. STREET ADDRESS	10906 WINGATE DR.
4. CITY, ST. ZIP	TAMPA FL 33624
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as a regular one. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of name or other filing with an address.

SIGNATURE:

Gillian C Olmsted
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95