

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

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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000034808 (3)

1. Corporation Name
GARY TRAYER CONTRACTOR, INC.



Principal Place of Business: **5771 STEWART AVE PORT ORANGE FL 32127**
Mailing Address: **5771 STEWART AVE PORT ORANGE FL 32127-4703**

3. Date Incorporated or Qualified: **05/04/1994**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 25, 26, 27, 28, 29, 30

4. FEI Number: **59-3243924**
Applied For: Applied For Not Applicable

Suite, Apt. #, etc. (21, 22, 23)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State (22, 23)

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

Zip (23, 24)

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

Country (24, 25)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAYER, GARY B
5771 STEWART AVE
PORT ORANGE FL 32127**

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 607.0502 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 (Type and typed or printed name of registered agent and file, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, GARY B	1.2 NAME	
STREET ADDRESS	5771 STEWART AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAYER, ELIZABETH A	2.2 NAME	
STREET ADDRESS	5771 STEWART AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. It appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: **4/15/97** DAYTIME PHONE: **761-038**

CR2E034 (9/96)