FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036162 (3)**

1. Corporation Name
GILES INVESTMENT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
611 WEST AZEELE ST. TAMPA FL 33606	611 WEST AZEELE ST. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-3254996 ☐ Applied For ☐ Not Applicable

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

SMITH, H. STRATTON III
611 WEST AZEELE ST.
TAMPA FL 33606

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of Board/Director	11 TITLE	☒ Change ☐ Addition
NAME	Robert Fenn Giles	12 NAME	Robert Fenn Giles
STREET ADDRESS	469 Severn Avenue	13 STREET ADDRESS	Deceased March 30, 1995
CITY ST ZIP	Tampa, Florida 33606-3826	14 CITY ST ZIP	
TITLE	Dir/Pres/Sec/Treas	21 TITLE	☐ Change ☐ Addition
NAME	Frances Exley Giles	22 NAME	
STREET ADDRESS	469 Severn Avenue	23 STREET ADDRESS	
CITY ST ZIP	Tampa, Florida 33606-3826	24 CITY ST ZIP	
TITLE	Vice-President	31 TITLE	☐ Change ☐ Addition
NAME	William Fenn Giles II	32 NAME	
STREET ADDRESS	412 Kimberly Drive	33 STREET ADDRESS	
CITY ST ZIP	Auburn, Alabama 36830	34 CITY ST ZIP	
TITLE	Vice-President	41 TITLE	☐ Change ☐ Addition
NAME	Annette Giles Fay	42 NAME	
STREET ADDRESS	492 West Davis Boulevard	43 STREET ADDRESS	
CITY ST ZIP	Tampa, Florida 33606	44 CITY ST ZIP	
TITLE	Vice-President	51 TITLE	☐ Change ☐ Addition
NAME	Robert Fenn Giles, Jr.	52 NAME	
STREET ADDRESS	504 Riveria Drive	53 STREET ADDRESS	
CITY ST ZIP	Tampa, Florida 33606	54 CITY ST ZIP	
TITLE	Vice-President	61 TITLE	☐ Change ☐ Addition
NAME	James Mallette Giles	62 NAME	
STREET ADDRESS	3311 San Jose Street	63 STREET ADDRESS	
CITY ST ZIP	Tampa, Florida 33629	64 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)(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 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: Frances Exley Giles 4/24/95 (813) 254-1884
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Frances Exley Giles

0291030 CP