

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000068142 (6)

1. Corporation Name

GORNAIL'S PROFESSIONAL SERVICE, INC.

Principal Place of Business

3251 BOURBON ALLEY WEST #C
JACKSONVILLE FL 32277
US

Mailing Address

3251 BOURBON ALLEY WEST #C
JACKSONVILLE FL 32277
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1994

4. FEI Number

59-3272974

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 3401 TOWNSEND BLVD

Suite, Apt. #, etc.

22 215

City & State

23 JACKSONVILLE, FL

Zip

24 32277

Country

25 US

2a. Mailing Address

26 3401 TOWNSEND BLVD

Suite, Apt. #, etc.

27 215

City & State

28 JACKSONVILLE, FL

Zip

29 32277

Country

30 US

9. Name and Address of Current Registered Agent

GORNAIL, CAROLYN
3251 BOURBON ALLEY WEST #C
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

GORNAIL, CAROLYN

82 Street Address (P.O. Box Number is Not Acceptable)

3401 TOWNSEND BLVD #215

83

84 City

JACKSONVILLE

FL

85 Zip Code

32277

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GORNAIL, ALIX
STREET ADDRESS 3251 BOURBON ALLEY WEST #C
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME GORNAIL, CAROLYN
STREET ADDRESS 3251 BOURBON ALLEY WEST #C
CITY-ST-ZIP JACKSONVILLE 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME GORNAIL, ALIX

1.3 STREET ADDRESS 3401 TOWNSEND BLVD #215

1.4 CITY-ST-ZIP JACKSONVILLE, FL 32277

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME GORNAIL, CAROLYN

2.3 STREET ADDRESS 3401 TOWNSEND BLVD #215

2.4 CITY-ST-ZIP JACKSONVILLE, FL 32277

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 hereby 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 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:

[Signature]

15 April

(944) 745-0112

CR2E034 (10/97)