

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000074176 (6)**

1. Corporation Name

**FL/GA SEAMLESS GUTTERS, INC.**



Principal Place of Business

Mailing Address

505 BOWLES ST  
NEPTUNE BEACH FL 32266

505 BOWLES ST  
NEPTUNE BEACH FL 32266

2. Principal Place of Business

2a. Mailing Address

21 14865 PLUMOSA POINT  
Suite, Apt. #, etc.

26 14865 PLUMOSA POINT  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 JACKSONVILLE BEACH, FL

28 JACKSONVILLE BEACH, FL

24 Zip

25 Country

29 Zip

30 Country

32250

USA

32250

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/06/1994

05/01/1995

4. FEI Number

59-3283497

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

BRYNTESON, KENNETH J  
505 BOWLES ST  
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name

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

83 14865 PLUMOSA POINT

84 City

JACKSONVILLE BEACH FL

85 Zip Code

32250

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 here of registered agent and date if agent liable.

(NOTE: Registered Agent signature is printed when not signing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	BRYNTESON, KENNETH J	505 BOWLES ST	NEPTUNE BEACH FL 32266	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	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	Change	Addition
		14865 PLUMOSA POINT	JACKSONVILLE BEACH, FL 32250													<input checked="" type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>
																<input type="checkbox"/>	<input type="checkbox"/>

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: *Kenneth J Brynateson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 (904) 992-8083  
DATE OF FILING

CR2E034 (12/95)