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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000089692

1. Corporation Name THE GAIL EASLEY COMPANY Principal Place of Business Mailing Address 4798 N LADYBUG DRIVE P.O. BOX 1436 **CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34423** DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 10/02/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3287316 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 30 Personal Property Tax. [Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EASLEY, V. GAIL 4798 N. LADYBUG DRIVE Street Address (P.O. Box Number is Not Acceptable) **CRYSTAL RIVER FL 34429** 83 84 City 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 of 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. □ DELETE TITLE 1.1 TITLE 30.500 GAIL, EASLEY V. NAME 12 NAME 4798 N LADY BIG DRIVE STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE Addition ☐ Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Addition WETTER LAWRENCE 3.2 NAME 3.3 STREET ADDRESS 河西島語傳傳與西洋南部 STAL MASTER 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME IN LAST 18 DE D'ONE STREET ADDRESS REFE CARDON 4. 2 NAME 10 July 141. 4.3 STREET ADDRESS CROS 144 2 40 CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS P08 5.4 CITY+ST+ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Addition TITLE ☐ Change ATRIBUTE COLLE NAME 62 NAME

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

printed to the

d. Webbins

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90029 004 ***150.00

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