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

Mailing Address

8488 W. HILLSBOROUGH AVE.

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

1-22-97 (813)886-7346

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023375 (5)

GAIFFERCO, INC.

Principal Place of Business

8488 W. HILLSBOROUGH AVE.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**TAMPA FL 33615** TAMPA FL 33615-3808 3a. Date of Last Report 3. Date Incorporated or Qualified 03/22/1995 09/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3303857 V Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Griffith, M. Gary 8488 W. HILLSBOROUGH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. 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, Fforida Statutes. ORIFFITH of signature required when reinstalling **SIGNATURE** Signature, typed or printed 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1111111 GRIFFITH, M. GARY NAME 1.2 NAME 8488 W. HILLSBOROUGH STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TO LE GRIFFITH, KAY E NAME 2.2 NAME 8488 W. HILLSBOROUGH STREET ADDRESS 2.3 STREET ADORESS **TAMPA FL 33634** CITY-ST-ZIP 2. 4 CITY - ST- ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 HILE NAME 4. 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 THILE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 111LE 6.2 NAME

6.3 STREET ADDRESS

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 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 logal 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.