

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

00835

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000042555**

1. Corporation Name

GILFORD & ASSOCIATES, INC.

Principal Place of Business

5056 CYPRESS TRACE DR.
TAMPA FL 33624

Mailing Address

5056 CYPRESS TRACE DR.
TAMPA FL 33624

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 9. Name and Address of Current Registered Agent

**THEODORE GILFORD
5056 CYPRESS TRACE DR
TAMPA FL 33624**

26a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/01/1995

4. FEI Number

59-3320149

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

7. This corporation owes the current year
Intangible Personal Property

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	12 NAME	
<input type="checkbox"/> DELETE	13 STREET ADDRESS	
<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	22 NAME	
<input type="checkbox"/> DELETE	23 STREET ADDRESS	
<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	32 NAME	
<input type="checkbox"/> DELETE	33 STREET ADDRESS	
<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	42 NAME	
<input type="checkbox"/> DELETE	43 STREET ADDRESS	
<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	52 NAME	
<input type="checkbox"/> DELETE	53 STREET ADDRESS	
<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	62 NAME	
<input type="checkbox"/> DELETE	63 STREET ADDRESS	
<input type="checkbox"/> DELETE	64 CITY-ST-ZIP	

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-10/05/99-01076-003

***\$550.00 Change Addition

CR2E034 15/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-99 813-855-2777

Date

Daytime Phone #

KE