

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 # P95000075039 (4)

1. Corporation Name

GILLETTE & ASSOCIATES, P.A.



Principal Place of Business

3410 N MYRTLE AVE
JACKSONVILLE FL 32209

Mailing Address

3410 N MYRTLE AVE
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3410 N Myrtle Ave

26 3410 N. Myrtle Avenue

4. FEI Number

59-3343759

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 n/a

27 n/a

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

City & State

City & State

23 Jacksonville FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32209

25 U.S.A.

29 32209

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLETTE, CHARLIE J JR
3410 N MYRTLE AVE
JACKSONVILLE FL 32209

81 Name

n/a

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

n/a

83

84 City

n/a

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

Charlie J. Gillette Jr.

Charlie J. Gillette, Jr.

4/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GILLETTE, CHARLIE J ESQUIRE
STREET ADDRESS 10931 KEY VEGA DR
CITY-ST-ZIP JACKSONVILLE FL 32218

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Charlie J. Gillette Jr.

Charlie J. Gillette, Jr.

4/26/96

(904) 358-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)