


5-21-97 B 1621 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000075039 (4)			
1. Corporation Name CHARLIE GILLETTE, JR., P.A.			
Principal Place of Business 3410 N MYRTLE AVE N/A JACKSONVILLE FL 32209 US		Mailing Address 3410 N MYRTLE AVENUE N/A JACKSONVILLE FL 32209-4236 US	
2. Principal Place of Business 21 603 N. Market Street Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32202 Country 25 USA		2a. Mailing Address 26 603 N. Market Street Suite, Apt. #, etc. 27 City & State 28 Jacksonville FL Zip 29 32202 Country 30 USA	
9. Name and Address of Current Registered Agent GILLETTE, CHARLIE J JR 3410 N MYRTLE AVE JACKSONVILLE FL 32209		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 603 N. Market Street 83 84 City Jacksonville FL 85 Zip Code 32202	
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 provisions of Section 607.0505, Florida Statutes. SIGNATURE <i>Charlie J. Gillette Jr.</i> DATE 5/11/97 (NOTE: Registered Agent signature required when re-stating)			
12. OFFICERS AND DIRECTORS FILE NAME D GILLETTE, CHARLIE J ESQUIRE <input type="checkbox"/> DELETE STREET ADDRESS 10831 KEY VEGA DR CITY-ST-ZIP JACKSONVILLE FL 32218 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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: <i>Charlie J. Gillette Jr.</i> SIGNED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 8			



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