

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000084126

1. Corporation Name

GUMBY'S OF CHARLOTTESVILLE, INC.

Principal Place of Business

5217 SW 91ST DR.
GAINESVILLE FL 32608

Mailing Address

5217 SW 91ST DR.
GAINESVILLE FL 32608

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90086 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1995

4. FEI Number

65-0621857

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD., STE. 1609
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name JOHN F. HAYTER
82 Street Address Attorney at Law, P. A.
83 704 Northeast First Street
84 Gainesville, FL 32601

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 type, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HIPPLER, CHANCE	
STREET ADDRESS	5217 SW 91ST DR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	DELETE
NAME	O'BRIEN, JEFF	
STREET ADDRESS	5217 SW 91ST DR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-12-99

CR2E034 (1/198)