	PROFIT RPORATION		FLORIDA DEP. Sandra	ARTMENT OF		Jan 23 1	998 8	<b>3</b> :00a	nm
	JAL REPORT <b>1998</b>			etary of State	IONS	Secreta	ary of	Stat	te
DOCUI 1. Corporation		95000096	5218 (9	)					
	GAMMONS ENTE								
Principal Place of Business Mailing Address 103 COUNTRY HILL DRIVE 103 COUNTRY HILL DRIVE									
LONGWOOD F	FL 32779	LOł	NGWOOD FL 32779				WRITE IN THIS	SPACE	
						3. Date Incorporated or Qu 12/20/1995	alified		
Principal Pl	lace of Business	28.	Mailing Address			4. FEI Number 59-3352095		<u> </u>	oplied For ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desi	red 🔲	\$8.75	Additional equired
City & State	e	27	City & State	-,		6. Election Campaign Finar	~	\$5.00	May Be
3 Zip	Countr	/ 28	Zip	Countr	ry	Trust Fund Contribution 8. This corporation owes or	has paid the cu		to Fees
	9 Name and Addre	29 ss of Current Registe	red Agent	30	<u> </u>	Personal Property Tax du	ue June 30.	Yes [	] No
KE	DAISH, PHILIP F JR.	ss of ourient negiste		8	1 Name	10. Hume and Address of 1	ten negistered		
SI II	TE 800			8	2 Street Add	iress (P.O. Box Number is Not A			
	WEINA CODINCE F	1040			1		sceptable)		
505	5 WEKIVA SPRINGS F NGWOOD FL 32779	IOAD		8					
505 LON	NGWOOD FL 32779		7.1508, Florida Stat L. Such change wa	8	3 4 City		FI	_   ·   ·	Code s registered registered
1. Pursuant I office or ri agent. I ar SIGNATURE	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature. typed or printed name	ions 607.0502 and 607 , in the State of Florida ept the obligations of , of registered agent and title if	applicable. (N	utes, the abo s authorized t Florida Statute	City     ve-named cor     oy the corpora es.	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	of changing it pointment as	s registered registered
505 LON 1. Pursuant I office or n agent. I au SIGNATURE 2. ITLE	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature. typed or printed name O	ions 607.0502 and 607 , in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT	applicable. (N	8: 10: 10: 10: 10: 11: 11: 11: 11	4 City 4 City ye-named corr by the corpora es. gent signature requ	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	of changing it pointment as	s registered registered
505 LON 1. Pursuant I office or n agent. I au siGNATURE 2. ITLE AME	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name	ions 607.0502 and 607 , in the State of Florida ept the obligations of, s of registered agent and title if FFICERS AND DIRECT S	epplicable. (N	8: 10: 10: 10: 10: 11: 12: 12: 12: 13: 12: 12: 14: 15: 15: 15: 15: 15: 15: 15: 15	4 City 4 City ve-named corr y the corpora es. gent signature requi	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	Dirtment as	s registered registered
505 LON office or r agent. I au SIGNATURE 12. ITLE IAME ITRET ADDRESS ITY-ST-ZIP	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name O D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 33	ions 607.0502 and 607 , in the State of Florida ept the obligations of, s of registered agent and title if FFICERS AND DIRECT S L DRIVE		8: 8: 8: 8: 9: 10: 11: 11: 11: 12: 13: 1.1: 12: 14: 14: 14: 14: 14: 14: 14: 14	4 City 4 City y the corpora es. gent signature requi E ET ADDRESS ST-ZIP	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOR	IS IN 12
505 LON 1. Pursuant I office or n agent. I au SIGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE	NGWOOD FL 32779 to the provisions of Sect egistericd agent, or both m familiar with, and acc Signature, typed or printed name O D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3: S	ions 607.0502 and 607 i, in the State of Florida ept the obligations of, is of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779	epplicable. (N	8: Utles, the abor s authorized t Florida Statute 0TE Registered A 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	4 City 4 City y the corpora es. gent signature requi E ET ADDRESS ST - ZIP	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	Dirthent as	s registered registered
505 LON 1. Pursuant I office or n agent. I au SIGNATURE 2. ITLE IAME ITY-ST-ZIP ITLE IAME	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name O D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		8: utes, the abor s authorized the Florida Statute 13. 1.1 JTLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 ITLE 2.2 NAME	4 City 4 City y the corpora es. gent signature requi E ET ADDRESS ST - ZIP	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOR	IS IN 12
505 LON office or r agont. I au siGNATURE 2. ITLE IAME ITLE IAME ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITL	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name O D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		8       9       13.       13.       11.11111       12.0 AMB       1.3 STREI       1.4 CITY-       2.1 TITLE       2.2 NAME       2.3 STREI       2.4 CITY	City     Ve-named cor     y the corpora es.      gent signature requ      ET ADDRESS     ST-ZIP      ET ADDRESS     -ST-ZIP	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered
505 LON 1. Pursuant office or r agent. I au siGNATURE 2. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name O D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		8       9       9       9       10       13       1.1       1.2       1.3       1.4       2.1       1.1       1.2       1.4       2.1       1.1       2.1       2.1       2.1       2.1       2.3       3.3	4 City 4 City ye-named cor y the corpora es. gent signature requinance ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOR	IS IN 12
505 LON 1. Pursuant office or r agent. I au siGNATURE 2. TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Ites, the abor       sauthorized the       Florida Statute       13.       11 TITLE       12 NAME       1.3 STREI       2.4 CITY-       2.1 TITLE       2.3 STREI       3.3 STREI       3.3 STREI	City     Ve-named cor     y the corpora es.     Gent signature requi E ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP -ST-ZI	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered
505 LON office or m agent. I au SIGNATURE 2. ITLE IAME ITRET ADDRESS ITY-ST-ZIP ITLE IAME ITRET ADDRESS ITY-ST-ZIP ITLE IAME ITRET ADDRESS ITY-ST-ZIP	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		3       3       3       3       3       3       13       13       13       13       14       21       21       21       21       23       31       31       31       32       32	City     ve-named cor     ythe corpora es.  gent signature requi E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered
505 LON office or m agent. I au SIGNATURE 2. TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Intes, the abor southerized I       13.       11 TITLE       12 NAME       13.       14 CITY-       2.1 TITLE       2.2 NAME       2.3 STREI       3.2 NAME       3.3 STREI       3.4, CITY       4.1 TITLE       4.2 NAME	City vs-named cor ythe corpora es.  gent signature requi E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered IS IN 12 Addition
505 LON office or m agent. I au algNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Bit     Bit       Uttes, the abor     Bit       Sauthorized I     Florida Statute       Florida Statute     13.       1.1 TITLE     1.3 STREI       1.4 CITY     2.1 TITLE       2.3 STREI     2.4 CITY       3.1 STREI     3.3 STREI       3.4, CITY     4.1 TITLE       4.2 NAME     4.3 STREI	City vs-named cor ythe corpora es.  gent signature requi E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered IS IN 12 Addition
505 LON 1. Pursuant office or n agent. I au GIGNATURE 2. TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE AME TREET ADDRESS ITY-ST-ZIP TILE	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Bit           Uttes, the abor           suthorized I           Florida Statute           13.           1.1 TITLE           1.2 NAME           1.3 STREI           1.4 CITY-           2.1 TITLE           2.2 NAME           2.3 STREI           3.4 CITY           3.1 TITLE           3.2 NAME           3.3 STREI           3.4, CITY           4.1 TITLE           4.2 NAM           4.3 STREI           4.4 CITY-           5.1 TITLE	City ve-named cor ythe corpora es. gent signature requ  E ET ADDRESS ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered IS IN 12 Addition
505 LON 1. Pursuant office or magent. La IIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Bit       Bit       Stauthorized L       Florida Statute       13       1.1 TITLE       1.2 NAME       1.3 STREE       1.4 CITY-       2.1 TITLE       2.2 NAME       3.3 STREE       3.4 CITY       4.1 TITLE       4.2 NAME       3.3 STREE       3.4 CITY       4.1 TITLE       4.2 NAME       4.3 STREE       4.4 CITY-       5.1 TITLE       5.2 NAME	City ve-named cor ythe corpora es. gent signature requ  E ET ADDRESS ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered IS IN 12 Addition
505 LON 1. Pursuant I office or n agent. I au SIGNATURE 2. ITLE IAME ITREET ADDRESS ITY-ST-ZIP ITLE IAME ITLE ITL	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Bit       Bit </td <td>City     Ve-named corpora     Standard Corporation     Standard Corporation</td> <td>poration submits this statement f tion's board of directors. I hereb</td> <td>or the purpose of y accept the ap</td> <td>Change     Change</td> <td>IS registered registered IS IN 12 Addition Addition</td>	City     Ve-named corpora     Standard Corporation	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	Change     Change	IS registered registered IS IN 12 Addition Addition
505 LON	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		Bit       Bit </td <td>City     Ve-named corpora     Standard Corporation     Standard Corporation</td> <td>poration submits this statement f tion's board of directors. I hereb</td> <td>or the purpose of y accept the ap</td> <td>D DIRECTOF</td> <td>IS registered registered IS IN 12 Addition</td>	City     Ve-named corpora     Standard Corporation	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	D DIRECTOF	IS registered registered IS IN 12 Addition
505 LON	NGWOOD FL 32779 to the provisions of Sect egistered agent, or both m familiar with, and acc Signature, typed or printed name D GAMMONS, JAME 103 COUNTRY HIL LONGWOOD FL 3 S GAMMONS, EMMA 103 COUNTRY HIL	ions 607,0502 and 607 i, in the State of Florida ept the obligations of, i of registered agent and title if FFICERS AND DIRECT S L DRIVE 2779		B       Uttes, the aboy       sauthorized I       Florida Statute       13.       1.1 TITLE       1.2 NAME       1.3 STREI       1.4 CITY-       2.1 TITLE       2.2 NAME       3.3 STREI       3.4 CITY       3.1 TITLE       3.2 NAME       3.3 STREI       3.4 CITY       4.1 TITLE       4.2 NAME       3.3 STREI       3.4 CITY       4.1 TITLE       5.2 NAME       5.3 STREI       5.4 CITY-       6.1 TITLE       6.2 NAME	City     Ve-named corpora     Standard Corporation	poration submits this statement f tion's board of directors. I hereb	or the purpose of y accept the ap	Change     Change	IS registered registered IS IN 12 Addition Addition

.