

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90192 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT P95000096218

1. Corporation Name
JAMES GAMMONS ENTERPRISES, INC.

Principal Place of Business
 103 COUNTRY HILL DRIVE
 FL 32779

Mailing Address
 103 COUNTRY HILL DRIVE
 LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1995	
21		26		4. FEI Number 59-3352095	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing... <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KEIDAISH, PHILIP F JR. SUITE 800 505 WEKIVA SPRINGS ROAD LONGWOOD FL 32779				81 Name James G. Gammons 82 Street Address (P.O. Box Number is Not Acceptable) 103 Country Hill Dr 83 Longwood 84 City FL 85 Zip Code 32779	

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 607.0503, Florida Statutes.

SIGNATURE *James G. Gammons* *President* DATE 4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GAMMONS, JAMES		1.2 NAME	
STREET ADDRESS 103 COUNTRY HILL DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL 32779		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GAMMONS, EMMA		2.2 NAME	
STREET ADDRESS 103 COUNTRY HILL DR		2.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *James G. Gammons* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

Date

407-869-0436

Daytime Phone #

CR2E034 (11/98)