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

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90261 043 ***150.00

DOCUMENT # P96000019588

1. Corporation Name GILMOUR SOUTH, INC.

| Principal Plac | e of Business | Mailing Address | | | | | | | |
|---|--|---------------------|------------|---|-------------------------|---|---------------|-------------|---------------------------|
| 81 BiltmoreuBlvd. 81 BiltmoreuBlvd. | | | | i. | | | | | |
| l | | | | 11758 | | DO NOT WEE | TC (N) T(()C | DDAOE. | |
| | | | | | | DO NOT WRI | IE NA IMIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 03/01/1996 | | | |
| 2 Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | and Fee |
| ⊢ . | lace of business | | | | | | | | Applied For |
| 26 | | | | | | 65-0655966 | | | Not Applicable Additional |
| 22 27 | | | | | | 5. Certifcate of Status Desired | | • | Required |
| City & State City & State | | | | | | 6. Election Campaign Financing | | | May Be |
| 23 | 28 | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip Country | | | | 8. This corporation owes the curr | ent vear Inta | | |
| 24 | 25 | 29 | | | | Personal Property Tax. | , | ∐Yes | XINo |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New R | legistered . | Agent | |
| MILVEC | IOE ESO | | 8 | 1 1 | Name | | | | |
| MILKES, JOE ESQ. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | · · | |
| 88765 Overseas Highway | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| Tavernier, FL 33070 | | | | 3 | | | <u></u> | | |
| | | | 84 | 4 (| City | | | 85 Zip | Code |
| | | | | | | | <u>FL</u> | | |
| 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 | | | | | | | | | |
| | m familiar with, and accept the obligation | | | | • | , | • | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| 12. | OFFICERS AND | | 13. | - | gription of required wi | ADDITIONS/CHANGES TO OF | | D DIRECT | ORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | | Change | Addition |
| NAME | ANZALONE, MICHAEL F | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 81 Biltmore Blvd. | | 1.3 STREI | ET AD | DRESS | | | | |
| CITY-ST-ZIP | Massapequa, NY 1175 | 18 | 1.4 CITY- | | | | | | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | | | | - | ☐ Change | ☐ Addition |
| NAME | ANZALONE, TARA | | 2.2 NAME | : | | | | | |
| STREET ADDRESS | 81 Bilimore Blvd. | | 2.3 STREE | ETAD | DORESS | | | | |
| CITY-ST-ZIP | Massapequa, NY 1175 | 18 | 2. 4 CITY- | | | | | | |
| TITLE | radoupeday 111 1173 | DELETE | 3.1 TITLE | | | | | Change | Addition |
| NAME | | | 3.2 NAME | : | | | | | |
| STREET ADDRESS | | | 3.3 STREE | ET ADI | DRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY- | | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | | 1 |
| STREET ADDRESS | | | 4.3 STREE | | DRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 5.3 STREE | ET ADI | DRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-1 | ST-ZIF | P | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Change | Addition |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | ET ADI | ORESS | | | | 1 |
| CITY-ST-ZIP | | | 6 4 CITY-5 | ST-ZIF | Р | | | | |
| 44 11 | | | | | | 4 440 07(2)(i) F1id- C4-4-4 1 | | | |

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 and There or printed have pr signing officer or or prector of the contractor of the contract

-lpr 29, 99

305/852-<u>7225</u>

Daytime Phone #

CR2E034 (11/98)