

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

FILED

Mar 13 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 # P96000051747 (9)

1. Corporation Name

GIES FAMILY ENTERPRISES, INC.

Principal Place of Business

827 102ND AVENUE NORTH
NAPLES FL 33963

Mailing Address

827 102ND AVENUE NORTH
NAPLES FL 34108-3216

3. Date Incorporated or Qualified

06/14/1996

3a. Date of Last Report

NA

2. Principal Place of Business

2a. Mailing Address

21 3106 Jamiami Trail N.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naples, FL

28

Zip

Country

Zip

Country

24 34103

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIES, ROBERT D
827 102ND AVENUE NORTH
NAPLES FL 33963

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	GIES, ROBERT D	
STREET ADDRESS	827 102ND AVENUE NORTH	
CITY- ST- ZIP	NAPLES FL 33963	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	DAVID A. GIES	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	JOHN A. GIES	
STREET ADDRESS	827-102nd AVENUE NORTH	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	JANICE M. GIES	
STREET ADDRESS	827-102nd AVENUE NORTH	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID A. GIES	
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN A. GIES	
3.3 STREET ADDRESS	827-102nd AVE N	
3.4 CITY- ST- ZIP	NAPLES, FL 34108	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANICE M. GIES	
4.3 STREET ADDRESS	827-102nd AVE N	
4.4 CITY- ST- ZIP	NAPLES, FL 34108	
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: JANICE M. GIES JANICE M. GIES 941-261-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0413307

CR2E034 (9/96)