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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

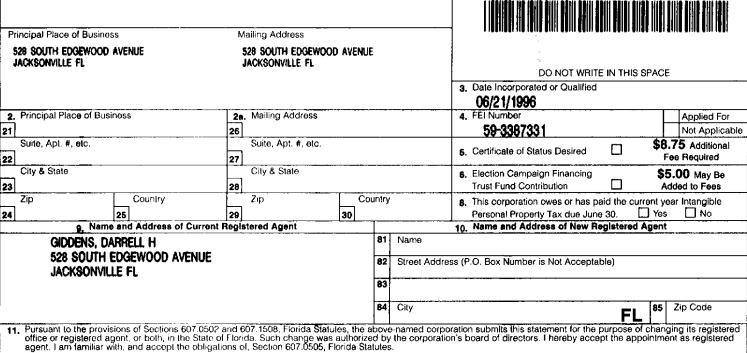
Secretary of State DIVISION OF CORPORATIONS

## P96000053566 (1) **DOCUMENT #**

GIDDENS INVESTIGATION AGENCY, INC.

Principal Place of Business Mailing Address **528 SOUTH EDGEWOOD AVENUE** 528 SOUTH EDGEWOOD AVENUE

## **FILED** Mar 13 1998 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agrint and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition TITLE **GIDDENS, DARRELL H** NAME 1.2 NAME ROUTE 1, BOX 589 1.3 STREET ADDRESS STREET ADORESS **BRYCEVILLE FL 32009** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE \_\_\_ Change Addition TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 of supplied 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 coproration or true receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ch with an address

6.4 City-St-ZIP