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May 02 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 # P96000054580 (1)

1. Corporation Name  
UNCLE OTIS, INC.



Principal Place of Business

4035 W. KENNEDY BOULEVARD  
TAMPA FL 33609

Mailing Address

4035 W. KENNEDY BOULEVARD  
TAMPA FL 33609-2751

2. Principal Place of Business

21 P.O. Box 15021

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

24 Zip

25 Sarasota

2a. Mailing Address

26 P.O. Box 15021

Suite, Apt. #, etc.

27 City & State

28 Sarasota FL

29 Zip

30 Sarasota

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

4. FEI Number

have not applied for yet

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GAMBLE, ROBERT L  
4035 W. KENNEDY BOULEVARD  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

5230 GULF OF MEXICO DRIVE Unit 301

83

84 City

Longboat Key

FL

85 Zip Code

34228

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

TITLE D ☐ DELETE

NAME GAMBLE, ROBERT L  
STREET ADDRESS 4035 W. KENNEDY BOULEVARD  
CITY-ST-ZIP TAMPA FL 33609

TITLE Secretary - D ☐ DELETE

NAME Gamble, Shirley K  
STREET ADDRESS P.O. Box 15021  
CITY-ST-ZIP Sarasota, FL 34277

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS P.O. Box 15021

1.4 CITY-ST-ZIP Sarasota, FL 34277 NA

2.1 TITLE Secretary - D ☐ Change ☐ Addition

2.2 NAME Gamble, Shirley K

2.3 STREET ADDRESS P.O. Box 15021

2.4 CITY-ST-ZIP Sarasota, FL 34277 NA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Shirley K Gamble, Shirley K Gamble D

4-12-97 941-383-6389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)