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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071374 (8)

JEFF GAY DELIVERY, INC.

Principal Place of Business Mailing Address 4073 MELROSE AVE 4073 MELROSE AVE ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 3. Date incorporated or Qualified 3a. Date of Last Report 08/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 39830 Kimberry Av. Sulte, Apt. #, etc. 59.3395380 26 39330 KEMBERLY Not Applicable Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo REDHURHELI 28 REPHYRHILLS, Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 9. Name and Address of Current Registered Agent 30 PASCO Yes Yes 24 3354C Florida Statutes □ No 10. Name and Address of New Registered Agent 81 Name **GAY. JEFFERY** Street Address (P.O. Box Number is Not Acceptable) 4073 MELROSE AVE 82 ZEPHYRHILLS FL 33540 39320 KEMBERLY BUE 83 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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) DÄTÉ 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE BOHL, JETTERY Change Addition TITLE 1.1 TITLE **GAY, JEFFERY** NAME 1,2 NAME 39330 KIMBERLY AV. 4073 MELROSE AVE STREET ADDRESS 1.3 STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP REPHYRHELLS, P. 33540 1.4 CITY-ST-ZIP ☐ Change DELETE Add:tion TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP

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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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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Secretary of State