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**

DOCUMENT # **P96000088243**

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

GILSON GROUP, INC.

e of Business	Mailing Address			į.			
	1613 23RD ST	1613 23RD ST NICEVILLE FL 32578					
2578	NICEVILLE FL 32578				DO NOT WRITE IN THIS SPACE		
						SPACE	
				•	ed		ĺ
2. Principal Place of Business 2a. Mailing Address						<u> </u>	plied For
21 26				59-3407092			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	. П	•	
	27			G. Golding of Grands		Fee Re	quired
22 27 City & State		City & State			ng		
	28			Trust Fund Contribution		Added to	o Fees
Country	Zip	Countr	у	8. This corporation owes the o	current year in	tangible	<u>.</u>
25	29	30		Personal Property Tax.			∑ No
9. Name and Address of Curr	rent Registered Agent			10. Name and Address of Ne	w Registered	Agent	
***		81	Name				
		8:	2 Street Address (P.O. Box Number is Not Accentable)				
		10,	Street Address (F.O. Box Humber is Not Acceptable)				
VILLE FL 32578		83	3				
						[
		84	City		FL	_ 85 Zip C	;ode
to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above	ve-named corp	poration submits this statement for	the purpose of	changing its	registered
egistered agent or both, in the Sta	ite of Florida. Such change was au	ithorizea o	v tnę corporati	ion's board of directors. I hereby ac	ccept the appo	ınımenı as reç	Jistered
m lamiliai with, and accept the con	gadons of, Dection 007.0505, Flori	ida Otalalo	.				
Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Age	ent signature requir	ed when reinstating)	DATE		
Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOTE:	Registered Age	ent signature requir	ed when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	RS IN 12
	<u> </u>					ND DIRECTO	RS IN 12
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6.4 CITY-ST-ZIP

SIGNATURE:

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90187 025 ***150.00

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 changes, or on an attachment with an address, with all other like empowered.