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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

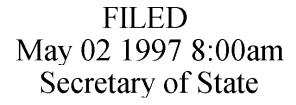
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GONMATEC CORPORATION

Principal Place of Business

Mailing Address

913 MISSOURI AVE LYNN HAVEN FL 32444 313 MISSOURI AVE





LYNN HAVEN FI	L 32444	LTNN MAVEN FL 32444-1258								
						3. Date Incorporated or Qualified 12/10/1996	3a, Date	of Last Re	eport	
2. Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	·	Ap	plied For	
21		26				59-3415212. Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		8.75 /	Additional	
22		27				5. Certificate of Status Desired		Fee Re	quired	
City & State	8	City & State				6. Election Campaign Financing				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	\	ountry	1	8. This corporation has liability for i			199.032,	
24	25	29	30				Yes 🛂			
	9, Name and Address of Curren	Registered Agent				10. Name and Address of New Re	gistered Age	ent		
MCG	ONAGIL, JAMES C			81	Name					
313 MISSOURI AVE					82 Street Address (P.O. Box Number is Not Acceptable)					
LYNN	I HAVEN FL 32444			-	000,,00	disciplination (10. 2011 to 10.) to 10.) to 10.				
				83						
				84	City		— , [35 Zip (Code	
				<u>. </u>	<u> </u>		FL.			
office or ragent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607,1508, Florid of Florida. Such chan- ations of, Section 607.	da Statutes, the ge was authoriz 0505, Florida St	abov ed by tatute	e-riamed cor y the corpora s.	poration submits this statement for the partition's board of directors. I hereby acceptions	ourpose of ch of the appoin	anging it tment as	s registered registered	
SIGNATURE	Signature, typod or printed name of registered age		(NOTL: Registe	od Ag	ent signature requ	ired when reinstating)	DATE			
12,	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	[] Dr	LETE 1.1	TITLE			L	Change	Addition	
NAME	MCGONAGIL, JAMES C		1.2	NAME					/	
STREET ADDRESS	313 MISSOURI AVE		1.3	STREE	1 ADDRESS	•			(
CITY-ST-ZIP	LYNN HAVEN FL 32444		1.4	CITY-S	S1 - 71P				\	
TITLE	D	☐ DE	LETE 2.1	TITLE			_	Change	Addition	
NAME	MCGONAGIL, BRENDA H		2.2	NAME						
STREET ADDRESS	313 MISSOURI AVE		2.3	STREET	ADDRESS				Ĭ	
CITY-ST-ZIP	LYNN HAVEN FL 32444		2.	CITY-	S1-ZIP					
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NAME			6.2	NAME	1					
STREET ADDRESS			6.3	STREE	1 AUDRESS					
CITY-ST-ZIP			64	CITY-:	ST - ZIP					
	by cartify that the information countries	durith this files doos				d in Contine 110 07/3/(i) Florida Statuta	a liferthan a	ortifu that	tho	

no nergy certify that the information stipplied with this filing doos not quality for the exemption stated in Section (19.07(3)ft), Florida Statutes. Flurtner certify that the information indicated on this annual report or supplicimental 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.

CIGNATURE.

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