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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700014496 (8)

GULF BREEZE BACKYARD SHEDS, INC.

FILED May 29 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			
4445 GULF BREEZE PARKWAY	P.O. BOX 15268			
GULF BREEZE FL 32256-1	PENSACOLA FL 32514		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			02/11/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	1 26 P.O. Box Suite, Apt. #, etc.	15268	59-3428815	Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of States Desired	Fee Required
City & State	City & State	-, ,	6. Election Campaign Financing	\$5.00 May Be
23 Gulf Breeze, Florida	28 Fensacola,	Morida	Trust Fund Contribution	Added to Fees
Zip Country 25 Shute Raso	70	Florida Country 30 Essambía	8. This corporation owes or has paid th	ne current year Intangible XYes [] No
1 - 4404 - 1100-0	129 32579	30 Zzambia	Personal Property Tax due June 30. 10. Name and Address of New Register 11. Personal Property Tax due June 30.	
SCHIMMEL, DEBBIE	it treffictered Affect	81 Name	70.	
4445 GULF BREEZE PARKWAY		ļ <u>.</u>		
GULF BREEZE FL 32256-1		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
GOLF BREEZE FL 32230-1		83		
_		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,050	2 and 607 1508 Florida Statu	les the above-named core	poration submits this statement for the purpo	ose of changing its registere
 office or registered agent, or both, in the State 	of Florida, Such change was	aumorized by the corpora	tion's board of directors. I hereby accept the	e appointment as registered
agent. I am familiar with, and accept the obliga	alions of, Section 607.0505, F	iorioa Statutos.		
#				
SIGNATURE Signature tyraid or presed pain or of considered age	or and title if apolicable (NO	TE: Begistered Agent signature requi	ired when reinstating) D.	ATE
Signature typed or presed name of registered age		TE: Registered Agent signature requi	ried when reinstating) D ADDITIONS/CHANGES TO OFFICERS	
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