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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000017188 (8)

Jeff D. Gautier, P.A.

Principal Place of Business Mailing Address 89240 OVERSEAS HIGHWAY SUITE 1 89240 OVERSEAS HIGHWAY SUITE 1 TAVERNIER FL \$3070 TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/01/1997</u> 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country B. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GAUTIER, JEFF D 144 PLANTATION DR. Street Address (P.O. Box Number is Not Acceptable) TAVERNIER FL 33070 83 84 City Zip Code 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 appoint the obligations of Section 607.605, Florida Statutes. SIGNATURE NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. bRS 13. Change DELETE TITLE 1.1 TITLE NAME GAUTIER, JEFF D 1.2 NAME 144 PLANTATION DR. STREET ADDRESS 1.3 STREET ADDRESS **TAVERNIER FL 33070** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE

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STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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 chapter 607, I and that my name appears in Block 12 or Block 13 if chapter 607.

SIGNATURE:

TITLE

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Jan 27 1998 8:00am

Secretary of State