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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed,



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088010 (8) DOCUMENT #

GUILLOT INVESTMENT CORPORATION

Principal Place of Business Mailing Address 17929 CACHET ISLE. CORY LAKE ISLES 17929 CACHET ISLE. CORY LAKE ISLES TAMPA FL 33647-2703 TAMPA FL 33647-2703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3473810 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. 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 Country 7in Country Zio 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUILLOT, EDWIN J** 17929 CACHET ISLE, CORY LAKE ISLES Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33647-2703 83 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 accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and Mort applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE **GUILLOT, EDWIN J** NAME 1.2 NAME 17929 CACHET ISLE, CORY LAKE ISLES 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33647-2703 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Addition Change 2.1 TITLE TITLE **GUILLOT, ELMISSA V** NAME 2.2 NAME 17929 CACHET ISLE, CORY LAKE ISLES STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33647-2703 2. 4 CITY - ST - ZIP CITY-ST-ZIP VD DELETE ☐ Change Addition TITLE 3.1 TITLE **GUILLOT, EDWIN J JR** 3.2 NAME NAME 17929 CACHET ISLE, CORY LAKE ISLES STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL 33647-2703 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE **GUILLOT, EMILSA J** NAME 4. 2 NAME 17929 CACHET ISLE, CORY LAKE ISLES STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33647-2703 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ Addition DELETE ☐ Change 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-S1-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 regelver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in