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 # P97000096992 (7)

Apr 27 1998 8:00am Secretary of State

FILED

G.A.P. & ASSOCIATES, INC.						
Principal Place of Business Mailing Address						
521 WEST CENTRAL AVENUE POST OFFICE BOX 7092						
WINTER HAVEN FL 33883 WINTER HAVEN FL 33883			3	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
<u> </u>					11/13/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3480920	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
23 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip			Country	,	B. This corporation owes or has paid the c	Added to Fees
24	25	29	30		Personal Property Tax due June 30.	urrent year intangible ☐ Yes ☐ No
	g. Name and Address of Currer				10. Name and Address of New Registerer	
MCDERMOTT, MICHAEL J			81	Name		,
791 WEST LUMSDEN ROAD			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
BRANDON FL 33511				Olioot Add	iloss (i .o. box Humber is Not Acceptable)	
			63			
			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es the above	a-named corr	poration submits this etstament for the purpose	of changing its registered
office or i	registered agent, or both, in the State	of Florida. Such change was a	uthorized by	the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
	and terminal with, and accept the onligh	ations of, Section 607.0505, Fig	rida Statutes	š.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE	Registered Age	nl signature requi	ired when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	L_ DELETE	1.1 TITLE			Change Addition
NAME	PEELER, GARY A		1.2 NAME			
STREET ADDRESS	3526 AUTUMN GLEN DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594	Denete	1.4 CITY-S	T-ZIP		
NAME	D CHILLIC MANON D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	GILLIS, NANCY R 3706 COUNTRY CLUB ROAD		2.2 NAME			
MANUTED MANUEL EL COCCA		2.3 STREET				
TITLE			2.4 CITY-S 3.1 TITLE	51 - ZIP		Change Addition
NAME			3.2 NAME			The change The variation
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S			
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 City-S	t-zip		
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	İ		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST	f-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
name Street address			6.2 NAME 6.3 STREET	ADDRESS		

I nereby 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 changed, of on an attachment with an address.