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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104871 (3)

FILED Apr 24 1998 8:00am Secretary of State

GUMA	CO, INC.						E JORGANIA IN A CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DE LA CONTRETA DEL CONTRETA DEL CONTRETA DE LA CO
Principal Plac	e of Busines	is	Mailing Ad	dress			
5201 NORTH ORANGE BLOSSOM TRAIL 5201 NORTH ORANGE BLOS					SSOM TRA	dL	
ORLANDO FL 32810 ORLANDO FL 32810							DO NOT INDIZE IN THIS OPLOT
							DO NOT WRITE IN THIS SPACE
ł							3. Date Incorporated or Qualified 12/11/1997
2. Principal F	Place of Busi	noss	2a, Mailing	Address			4. FEI Number Applied For
21	MICE OF DUST	1003	<u> </u>	26			52-2080980 Not Applicable
Suite, Apt. #, etc.				Suite, Apt #, etc.			SR 75 Additional
22			27	27			5. Certificate of Status Desired Fee Required
City & State			City & S	City & State			Election Campaign Financing \$5.00 May Be
23		,	28				Trust Fund Contribution Added to Fees
Zip	— ·		Zip	¬			8. This corporation owes or has paid the current year Intangible
24	o Name	25 Address of C	29 urrent Registered Ag	30	0		Personal Property Tax due June 30. Yes . No 10. Name and Address of New Registered Agent
E1			Ment Hedisteren wi	Perit	81	Name	TU. Hame and Address of New Registered Agent
	LIOTT, JOH		OM TOAH				
	5201 NORTH ORANGE BLOSSOM TRAIL ORLANDO FL 32810 82 Street Addr.						ddress (P.O. Box Number is Not Acceptable)
, "	ADMINO 1 L	. 32010			63		
-					84	City	FL 85 Zip Code
11. Pursuant	to the provis	ions of Sections 607	.0502 and 607.1509.	Florida Statutes.	the above	a-named co	
11. Pursuant to the provisions of Sections 607 0502 and 607 150h, 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 Florida Schange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the integrations of the statement of the purpose of changing its registered office or registered agent. I am familiar with, and accept the integrations of the statement of the purpose of changing its registered of the purpose of chang							
SIGNATURE	Signature, typed	or printed name of legisters	ed gent and title if applicable	(NOTE R	tegistered Age	nt signature re	quired when reinstating) DATE
12.		FICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BAC,	0	Į.	DELETE	1.1 TITLE	ļc	Change Addition
NAME	ELLINIT	- E-T -CANGE-BLOS	ton TAbil		1.2 NAME	[8	ELLIOTT, E.T. 5201 N. ORANGE BLOSSOM TRAIL
STREET ADDRESS	SUCH-AN	-cambe-blas	76447-11-4-C		1.3 STREET	address 2	SAOI N. ORINGE SEEDE
CITY-ST-ZIP		· <u>-</u>			1.4 CITY - S	T-ZIP	ORIANDO FL 32810
THTLE			ι	DELETE	21 TITLE	1.6	Organide Structura
NAME					2.2 NAME	1	ELLIOTT, J.E.
STREET ADORESS	Į.				2.3 STREET	address	SAOI KIL ORANGE BLOSSOM TRAIL
CITY-ST-ZIP				DELETE	2. 4 CITY - S	T-ZIP 6	SALANDO, FL 328/0
TITLE			ı		3.1 TITLE	S	
NAME CYDEEY ADDOCCO					32 NAME	*DD0100	YONS, I.M. SZOI N. ORANGE BLOSSOM TRAIL
STREET ADDRESS				İ	3.3 STREET		
CITY-ST-ZIP TITLE	 			DELETE	3.4. CITY-S 4.1 TITLE	11-ZIP	DRLANDO, FL 328/0
NAME			•		4. 2 NAME		- Change - Change
STREET ADDRESS				į	4.3 STREET	ADDRESS	
CITY-ST-ZIP					4.4 CITY-SI		
TITLE				DELETE	5.1 TITLE	1-	Change Addition
NAME			-		5.2 NAME		•
STREET ADDRESS					5.3 STREET	ADDRESS	
CITY-ST-ZIP				,	54 CITY-ST		
TITLE		·		DELETE	61 TITLE		☐ Change ☐ Addition
NAME				i	6.2 NAME		
STREET ADDRESS					6.3 STREET	ADDRESS	
CITY - ST - ZIP	<u> </u>				6.4 CITY - ST	r- ZIP	
14. I hereby o	certify that th	e information supplic	d with this filing does	not qualify for t	he exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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.

SIGNATURE:

4-9-98