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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106508

GAY & MORRISSEY ARCHITECTURAL GROUP, INC.

## FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90125 041 \*\*\*150.00



Principal Place	of Business	Mailing Address		j		
1312 PALMETTO		1312 PALMETTO AVE	•			
WINTER PARK FL 32789 WINTER PARK FL 32789			•	DO NOT V	DO NOT WRITE IN THIS SPACE	
				3. Date (ncorporated or Quality		
				01/01/1998		
2 Principal Pla	ice of Business	2a. Mailing Address		4, FEI Number		Applied For
21 301		J. 26 301 B.	tack Ave N	). \ <u>59 - 348508</u>		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional
22		27		3. Comments of Clares Scott	<u> </u>	ee Required
City & State		City & State	) <del></del> -	6. Election Campaign Financi		5.00 May Be
23 M: 44	er tark, H	28 Winter 1	Park FL	Trust Fund Contribution	A	dded to Fees
Zip	Country.	7 2 200	Country	8This corporation owes the	current year Intangible	
24 3a7		29 32789	30	Personal Property Tax.  10. Name and Address of Ne		
<del></del>	9. Name and Address of Cu	irrent Registered Agent	81 Name	10. Name and Address of the	AM LEGISTER OF HOUSE	
GAV	DAVID C		/		. <u></u>	
	PALMETTO AVE		82 Street Ad	kiress (P.O. Box Number is Not Acc	ceptable)	i
	ER PARK FL 32789		83 301	B. tack five A	<u>v·                                    </u>	
44141	ELLI MULT FOR LOG		33			
			84 City	· Nac Park	F1 85	22.289
			<u> </u>	in the late this statement for	the currence of chang	no its registered
office or re	gistered agent, or both, in the S	tate of Florida. Such change wa	s authorized by the corpora	ation's board of directors. I hereby a	ccept the appointment	as registered
agent, i ai	n tamiliar with, and accept the of	bligations of, Section 607.0505,	Florida Statutes.			Į.
SIGNATURE			Florida Statutes.  OTE: Registered Agent Algorithm req		DATE	
SICNATURE	Signature, typed or printed name of registere	d agent and little if applicable (N S AND DIRECTORS	OTE: Registered Agent signature req		DATE OFFICERS AND DIR	
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable (N	OTE: Registered Agent signature req 13. 1.1 TITLE	uired when reinstating)	DATE	
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14. I hereby 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 of 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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPESTAN PRINTED HAME OF SIGNAMO OFFICER OR DIRECTOR DO DESCRIPTION DESCRIPTION DESCRIPTION & DESCRIPTI