


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90026 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000008294 1. Corporation Name LENARD E. GAINY ENTERPRISE INC.		



Principal Place of Business 701 SE 15TH DRIVE GAINESVILLE FL 32641	Mailing Address 701 SE 15TH DRIVE GAINESVILLE FL 32641
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1998	4. FEI Number 59-3488736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/>
7. Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GAINY, LENARD E 701 SE 15TH DRIVE GAINESVILLE FL 32641	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
15 <input type="checkbox"/> DELETE 16 <input type="checkbox"/> DELETE 17 <input type="checkbox"/> DELETE 18 <input type="checkbox"/> DELETE 19 <input type="checkbox"/> DELETE 20 <input type="checkbox"/> DELETE	21 <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 <input type="checkbox"/> Change <input type="checkbox"/> Addition 23 <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 <input type="checkbox"/> Change <input type="checkbox"/> Addition 25 <input type="checkbox"/> Change <input type="checkbox"/> Addition 26 <input type="checkbox"/> Change <input type="checkbox"/> Addition 27 <input type="checkbox"/> Change <input type="checkbox"/> Addition 28 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, with all other like empowered.

SIGNATURE: *Lenard E. Gainy* **4-26-99** **352-336-9593**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LENARD E. GAINY** **352-378-3865**

CR2E034 (11/98)