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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90135 024 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000023787**

1. Corporation Name  
**GUYTON FAMILY ENTERPRISES, INC.**



Principal Place of Business: 5255 S. TROPICAL TRAIL, MERRITT ISLAND FL 32952  
 Mailing Address: 5255 S. TROPICAL TRAIL, MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1998**

4. FEI Number: **59-3498992**

5. Certificate of Status Desired:  Applied For,  Not Applicable  
**\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**FRESE, GARY B**  
**930 S. HARBOR CITY BLVD. STE. 505**  
**MELBOURNE FL 32901**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D/P/S GUYTON, EVELYN S**

STREET ADDRESS **5255 S. TROPICAL TRAIL**

CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE  DELETE

NAME **Thomas, Parker**

STREET ADDRESS **One S.E. Third Avenue**

CITY-ST-ZIP **Miami, Florida 33131**

TITLE  DELETE

NAME **Thomas B. Guyton, III**

STREET ADDRESS **5255 S. Tropical Trail**

CITY-ST-ZIP **Merritt Island FL 32952**

TITLE  DELETE

NAME **Elizabeth R. Guyton**

STREET ADDRESS **5255 S. Tropical Trail**

CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE  DELETE

NAME **Assistant Secretary Mary Evelyn G. Miley**

STREET ADDRESS **929 Casey Cove Drive**

CITY-ST-ZIP **Nakomis FL 34275**

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Evelyn A. Guyton Pres. 1/18/99 (407) 452-8597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)