1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000023787

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

03-02-1999 90135 024 ***150.00

GUTTUR	n family enterprises,	, INC.							
Principal Place	e of Business	Mailing Add	ress			T (BEBLICE DE SION CARE	li toini aonn coin aont con	8 11862 INTO 1868)	1911) 1961 1891
5255 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 5255 S. TROPICAL TRAIL MERRITT ISLAND FL 32952						Do	O NOT WRITE IN TH	S SPACE	
						3. Date Incorporated	or Qualifed		
						03/10/1998			
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	0.000.0	Ap	plied For
21		26				54- 34	18447		t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5. Certificate of Status	s Desired	\$8.75 A	
City & Stat	te	City & S	State			6. Election Campaign	-	\$5.00	
23		28				Trust Fund Contrib	ution	Added 1	to Fees
Zip	Country	Zip	F	Country		8. This corporation or	-	_	Γ98 N.=
24	25	29	30	<u> </u>		Personal Property		∐ Yes	X No
	9. Name and Address of Cut	rrent Registered Ag	ent	81	Name	10. Name and Addre	ss of New Registere	a Agent	
ERE	SE, GARY B								
	S. HARBOR CITY BLVD. STE	F. 505		82	Street A	ddress (P.O. Box Number is	Not Acceptable)		
MELBOURNE FL 32901				83					
1414	DOGINE PE GEOGR								
				84	City		F	85 Žip (Code
44 Dureuget	to the provisions of Sections 607.	0502 and 607 1508	Florida Statutes	the above	e-named co	progration submits this state	ment for the nurpose (of changing its	registered
office or r	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such o	change was autho	orized by	the corpora	ation's board of directors. I h	ereby accept the app	ointment as re	gistered
SIGNATURE									L.
			ALOTT: D	-1-4 4	1 -1turn en e	ukad uhan rainstation)	DATE		
12	Signature, typed or printed name of registered		(NOTE: Reg		nt signature req	uired when reinstating) ADDITIONS/CHAN	DATE GES TO OFFICERS A	AND DIRECTO	DR\$ IN 12
12.	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS		13.	nt signature req		DATE GES TO OFFICERS /	AND DIRECTO	DRS IN 12
TITLE	Signature, typed or printed name of registered OFFICERS	AND DIRECTORS	(NOTE: Reg		nt signature req		_		
TITLE NAME	Signature. typed or printed name of registered OFFICERS D \ P \ S GUYTON, EVELYN S	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME			_		
TITLE NAME STREET ADDRESS	OFFICERS D P \S GUYTON, EVELYN S 5255 S. TROPICAL TRAIL	AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	r ADDRESS		_		
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64 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.