

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90039 005 ***550.00

DOCUMENT # P98000023787

1. Entity Name
GUYTON FAMILY ENTERPRISES, INC.

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

00081646



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3498992** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRESE, GARY B
930 S. HARBOR CITY BLVD. STE. 505
MELBOURNE FL 32901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DPS**
 STREET ADDRESS **GUYTON, EVELYN S**
 CITY-ST-ZIP **5255 S. TROPICAL TRAIL**
MERRITT ISLAND FL 32952

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **PARKES, THOMAS**
 CITY-ST-ZIP **ONE SE 3RD AVE**
MIAMI FL 33131

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **GUYTON, THOMAS B II**
 CITY-ST-ZIP **5255 S TROPICAL TRAIL**
MERRITT ISLAND FL 32952

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **GUYTON, ELIZABETH R**
 CITY-ST-ZIP **5255 S TROPICAL TRAIL**
MERRITT ISLAND FL 32952

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AS**
 STREET ADDRESS **MILEY, MARY E**
 CITY-ST-ZIP **929 CASEY COVE DR**
NOKOMIS FL 34275

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. S. Miley* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00 321-452-8597
 Date Daytime Phone #

CR2E034 (5/00)