2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am P98000023787 **DOCUMENT #** Secretary of State 1. Entity Name 03-26-2002 90036 042 ***150.00 **GUYTON FAMILY ENTERPRISES, INC.** Mailing Address Principal Place of Business 5255 S. TROPICAL TRAIL 5255 S. TROPICAL TRAIL MERRITT ISLAND FL 32952 **MERRITT ISLAND FL 32952** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3498992 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMASTER, JAMES D 5265-6-TROPICAL TRAIL MERRITT ISLAND FL 32044 3295 e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named en JURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tak filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE TITLE ☐ Delete **GUYTON, EVELYN \$** NAME NAME 5255 S. TROPICAL TRAIL STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE Thouson, PARKER D. HI1900 MIAMI, FL 33131 NAME NAME PARKER THOMAS STREET ADDRESS STREET ADDRESS ONE SE SRD AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Delete TITLE Addition TITLE NAMÉ NAME **GUYTON, THOMAS B II** STREET ADDRESS STREET ADDRESS 5255 S TROPICAL TRAIL CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME GUYTON, ELIZABETH R STREET ADDRESS STREET ADDRESS 5255 S TROPICAL TRAIL CITY-ST-ZIP CITY-ST-7IP **MERRITT ISLAND FL 32952** Change ☐ Addition ☐ Delete TITLE TITLE AS NAME NAME MILEY, MARY E STREET ADDRESS STREET ADDRESS 929 CASEY COVE DR CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED