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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000094116

1. Corporation Name
GATSBY & SUBSIDIARIES, CORP.



Principal Place of Business
4408 AIRPORT ROAD
PLANT CITY FL 33567-1112

Mailing Address
4408 AIRPORT ROAD
PLANT CITY FL 33567-1112

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ATTN: V.P. STITZEL, COUNSEL		2a. Mailing Address SAME		3. Date Incorporated or Qualified 11/05/1998	
21 Suite, Apt. #, etc. 4408 AIRPORT RD, STE A-400		26 Suite, Apt. #, etc. SAME		4. FEI Number 59-3564386	
22 City & State PLANT CITY, FL		27 City & State PLANT CITY, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33567-1112		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SORAH, KENNETH W. 4408 AIRPORT ROAD PLANT CITY FL 33567		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 N/A		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	JORDAN, MARK F		
STREET ADDRESS	2601 KAREN DRIVE		
CITY-ST-ZIP	PLANT CITY FL 33566		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D/C		
1.2 NAME	JORDAN, MARK F.		
1.3 STREET ADDRESS	4408 AIRPORT RD, STE A-400		
1.4 CITY-ST-ZIP	PLANT CITY, FL 33567-1112		
2.1 TITLE	P.O.		
2.2 NAME	SORAH, KENNETH W.		
2.3 STREET ADDRESS	4408 AIRPORT RD, STE A-400		
2.4 CITY-ST-ZIP	PLANT CITY, FL 33567-1112		
3.1 TITLE	V/O/S		
3.2 NAME	BAKER, WILLIE JOE		
3.3 STREET ADDRESS	4408 AIRPORT RD, STE A-400		
3.4 CITY-ST-ZIP	PLANT CITY, FL 33567-1112		
4.1 TITLE	D		
4.2 NAME	SPONABLE, KENNETH E.		
4.3 STREET ADDRESS	17718 NATHANS DR		
4.4 CITY-ST-ZIP	TAMPA, FL 33647		
5.1 TITLE	T/O		
5.2 NAME	GIOVENCO, S. NORMAN		
5.3 STREET ADDRESS	4408 AIRPORT RD., STE A-100		
5.4 CITY-ST-ZIP	PLANT CITY, FL 33567-1112		
6.1 TITLE			
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 in an attachment with an address, with all other like empowered.

SIGNATURE: **KENNETH W. SORAH, PRESIDENT** 3/22/99 (813) 754-4122

CR2E034 (1/98)