

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90026 016 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000099735
1. Corporation Name
G & W FENCE COMPANY

Principal Place of Business
**18016 APSHAWA ROAD
CLERMONT FL 34711**

Mailing Address
**18016 APSHAWA ROAD
CLERMONT FL 34711**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 2. Principal Place of Business 21 13718 East SR 50 Suite, Apt. #, etc. 22 City & State 23 CLERMONT, FL Zip 24 34711 Country | | 2a. Mailing Address 26 P. O. BOX 121064 Suite, Apt. #, etc. 27 City & State 28 CLERMONT, FL Zip 29 34712-1064 Country | | 3. Date Incorporated or Qualified 11/30/1998 | | 4. FEI Number 59-3556102 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent GIDEONS, JOHN T 18016 APSHAWA ROAD CLERMONT FL 34711 | | | | 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 | | | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIDEONS, JOHN T | 1.2 NAME | |
| STREET ADDRESS | 12618 ERYN BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, KEVIN | 2.2 NAME | |
| STREET ADDRESS | 1612 W. LINE STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL 34748 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *[Signature]* 07/09/99 (352) 242-5351

CR2E034 (5/99)

G & W Fence Company

18016 Apshawa Road
Clermont, FL 34711

P98000099735
596629-90026-14

July 19, 1999

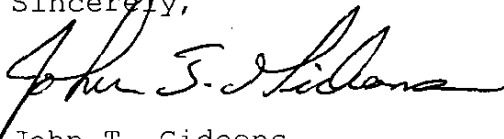
Department of State
State of Florida
Division of Corporations
Annual Reports Filing
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the corporate annual report for G & W Fence Company together with a check in the amount of \$150.00 for the filing fee. I never received the original annual report that is usually mailed out at the beginning of the year and was advised that the enclosed filing fee would be acceptable.

Please advise if anything further is needed.

Sincerely,



John T. Gideons
President