FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

The state of the s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate DIVISION OF CORPORATIONS

POCUMENT # S69737

THE H. & P. GUNN CORPORATION

(2)

FI	LED	
May 06 1	997 8:00a	am
Secreta	ry of State	•

Principal Place of Business Mailing Address 3035 5TH AVENUE NORTH 3035 5TH AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713-6705									
					3. Date Incorporated or Qualified 07/24/1991		Date of Last R /17/1996	eporl	
· ·	Place of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21	# aba	[26]			59-3129753			ot Applicable	
Suite, Apt.	#, GtC.	Suito, Apt. #, etc.			5. Certificate of Status Desired		7 - · · · ·	\$8.75 Additional Fee Required	
City & Stat	le	City & State			6. Election Campaign Financing			May Be	
23		28	:		Trust Fund Contribution		Added		
Zip	Country	Zip	Country		8. This corporation has liability for			. 199.032,	
24	25	29	[30]	<i>-</i>		Yes			
Aug	9. Name and Address of Currer	ii negisterea Agent	81 N	ame	10. Name and Address of New F	registered	Agent		
	BODA, RUDOLF						<u> </u>		
	5 5TH AVENUE NORTH PETERSBURG FL 33713		82 St	reet Addre	ess (P.O. Box Number is Not Accept	able)			
31.1	retenobuna FE 337 13		83						
1			84 Ci	ty		FL	85 Zip (Code	
SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accopt the obliging state of printed name of registered agents.	ent and title if applicable (NC	OIL: Registered Agent sig		d when reinstating)	DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	FICERS AN			
TITLE	D D	DELETE	111111.	1			☐ Change	Addition	
NAME STREET ADDRESS	GUNN, HARRY 3035 5TH AVENUE NORTH		1.2 NAME 1.3 STREET ADDE	vr Be					
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 DITY- ST-ZIP	` }					
TITLE	D	DELE1E	21 MLE				Change	Addition	
NAME	GUNN, PERRY J.		2.2 NAME	Ì					
STREET ADDRESS	3035 5TH AVENUE NORTH		2.3 \$1REET ADDE	RESS				į	
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - S1 - ZI	>					
TITLE		☐ DETEJE	3.1 TITLE	1			Change] Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 \$TREET ADDR						
CITY-ST-ZIP TITLE		DELETE	3.4 (CITY-ST-ZII 4.1 TITLE				Change	Addition	
NAME			4 2 NAME	- 1					
STREET ADDRESS			4.3 \$TREE1 ADDE	RESS					
CITY-ST-ZIP			4.4 ÇITY - ST - ZIP						
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			52 NAME	- 1					
STREET ADDRESS			5.3 STREET ADDR	ESS				1	
CHTY-ST-ZIP			5.4 QITY-ST-2IP					··· 	
TITLE		☐ DELETE	6.1 TITLE	(☐ Change	Addition	
NAME .			62 NAME	- 1					
STREET ADDRESS	. 15 N		6.3 STREET ADDR	1					
CITY-ST-ZIP	by partify that the information number	d with this filing slope and and	6.4 CITY-ST-ZIP	an alalad	in Castian 110.07/0)(i) Elevida Ctatu	too I forth	an a satiful Abad	45	

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the compraision 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 1), if Thinged, or on an attachment with an address.