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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # V03572

(7)

GAYLON T. PETERS CORPORATION, INC.

FILED
Mar 28 1997 8:00am
Secretary of State

11:44 ())4) 			
148 HRI		ATOR EIRIT	

Principal Pla	ce of Business	М	ailing Address			<del> </del>					
Principal Place of Business Mailing Address  4341 BOCA POINTE DR 4341 BOCA POINTE DR SARASOTA FL 34238 SARASOTA FL 34238-5577											
							3. Date Incorporated or Qualified 12/30/1991		ate of Las 18/1996		
7	Place of Business	ļ	Mailing Address				4. FEI Number		$\vdash$	Applied For	
21		26					65-0308677			Not Applica	
Suite, Apt 22		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional Required	
City & Sta 23	ate	28	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Zipi	Country	ļ	Zip	Cou	ntry		8. This corporation has liability for it			rs. 199.032	<u>?</u> ,
24)	[25]	29	hand 8 and	[30]				Yes			
	9, Name and Address of Curr	rent Hegis	stereo Agent		81 Na	000	10. Name and Address of New Re	gistered	Agent		
	TERS, GAYLON T.			{	1144	110					
	1 BOCA POINTE DR RASOTA FL 34238			]		eet Addre	ess (P.O. Box Number is Not Acceptab	ole)			
					83						
				ľ	84 City	/			85 Z	ip Code	
	207.0	550	07.4500 51-14-01		1		oration submits this statement for the pon's board of directors. I hereby accep	FL			
-	and familiar with, and accept the ob		,								
SIGNATURE	Styriature, tysicid or priologinamin of registered				Agent sign	alure require	rd when reinstating)	DATE EDG AND	DIRECT	OBS IN 12	
12.	Signature, tysical or printing natural of registered OF FICERS A		CTORS	13.		alure require	id when reinstating) ADDITIONS/CHANGES TO OFFIC				ition
<b>12.</b> Title	Standardre, type of or printed manin of registered OFFICERS A			13.	LE	alure require			DIRECT		ition
12.	OFFICERS / D PETERS, GAYLON T.		CTORS	13. 1.1 TII 1.2 NA	LE						ition
12. THEE	Stylearure, type 1 or pointed name of registeres  OFFICERS A  D  PETERS, GAYLON T.		CTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME						ition
12. THE NAME STREET ADDRESS	OFFICERS A  D PETERS, GAYLON T. 4341 BOCO POINTE DR SARASOTA FL D		CTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME REET ADDRE Y-ST-ZIP					ge 🗌 Addi	
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119 07(3)(), Florida Statutes, Turner certify that monotomation 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 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 for on an attachment with an address.

SIGNATURE: