FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V07160** **(7)**

1. Corporation Name

GAITHER ENTERPRISES, INC.

Principal Place of Business

2215 W. CLAY STREET
KISSIMMEE FL

Mailing Address

P. O. BOX 701386
ST. CLOUD FL 34770
US

3. Date Incorporated or Qualified: **01/15/1992**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-3073387** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1100 Grape Ave
22 Suite/Apt. #, etc.
23 City & State: St. Cloud, FL
24 Zip: 34769 25 County: Osceola

2a. Mailing Address

26
27 Suite/Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GAITHER, THOMAS M.
2215 W. CLAY STREET
KISSIMMEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Grape Ave
83
84 City: St. Cloud FL 85 Zip Code: 34769

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 approved 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 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME: GAITHER, THOMAS M.		12 NAME	
STREET ADDRESS: 2215 W. CLAY ST.		13 STREET ADDRESS	1100 Grape Ave
CITY-ST-ZIP: KISSIMMEE FL		14 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE: DV	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME: GAITHER, AUDREY S.		22 NAME	
STREET ADDRESS: 2215 W. CLAY ST.		23 STREET ADDRESS	1100 Grape Ave
CITY-ST-ZIP: KISSIMMEE FL		24 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE: TS	☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME: DEVILBLISS, JACKIE		32 NAME	
STREET ADDRESS: 2215 W. CLAY ST.		33 STREET ADDRESS	1100 Grape Ave
CITY-ST-ZIP: KISSIMMEE FL		34 CITY-ST-ZIP	St. Cloud FL 34769
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and does not exceed, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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, added or deleted.

SIGNATURE: Jackie Devilbliss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 407-957-9556
Date Daytime Phone #