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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09708

(1)

G. J. LEGAULT & ASSOCIATES, INC.

**FILED** Apr 28 1997 8:00am Secretary of State

4705 RANCH WAY COURT TAMPA FL 33624			4705 RANCH WAY COURT TAMPA FL 33624-2137						
						3. Date Incorporated or Qualified 01/24/1992	3a. Date 04/24/		eport
	Place of Business	⊢¬	2a. Mailing Address			4, FEI Number		<del> </del>	plied For
21	# ata	26	26			<b>59-3113154</b> Not Applicable			
Suite, Apt.		27]	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	4	City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added	
Zip 24	Country Z:p  25 29			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes No			
	9. Name and Address of Cui	rrent Registered Agent			1	10. Name and Address of New Reg	istered Ag	ent	
	AULT, G.J.			81	Name				
4705 RANCH WAY COURT TAMPA FL 33624				82	Street Add	fress (P.O. Box Number is Not Acceptable	e)		
				83					
				84	City		FL	Zip (	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607. registered agent, or both, in the St am familiar with, and accept the ob	0502 and 607.1508, Flori late of Florida. Such char oligations of, Section 607	da Statutes nge was au .0505, Flori	the above thorized by da Statute	e-named cor the corpora	poration submits this statement for the pi ation's board of directors. I hereby accep		anging it tment as	s registered registered
SIGNATURE									
12.	Signature, typed or printed name of registered	Lageut and tru-if applicable AND DIRECTORS	(NOTE I	Registared Ag	ent signature requ	ured when rounstating) ADDITIONS/CHANGES TO OFFIC	DATE CDC AND D	DECTOR	C IN 40
TITLE	D		ELETE	1.1 HILE	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	LEGAULT, G.J.			12 NAME			<b>L</b>		
STREET ADDRESS	4705 RANCH WAY COURT			1 3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4 CITY - S	J - 7iP				
TITLE	VP	□ D	ELETE	2 1 HILE				Change	Additio
NAME	LEGAULT, CHRISTIAN L.			22 NAME					
STREET ADDRESS	4705 RANCHWAY CT			23 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL	——————————————————————————————————————	CLETE	2 4 CITY-	S1 - 7/P			ŎL	4.486
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NAME		ال السا	CCLIE	6.2 NAME			<u></u>	i ollariye	FTT MOUIDO
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP	1			6.4 C(1Y - 5					

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 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 an address.

Principal Place of Business

Mailing Address