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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V55082

(4)

GUMACO, INC.

FILED Feb 16 1996 8:00 am Secretary of State

and the second	of Business	Ma	ling Address							
1600 10TH S			P. O. BOX 638							
SAFETY HAR	RBOR FL 34695		SAFETY HARBOR FL	34695						
US			US				<ol> <li>Date Incorporated or Qualified 08/04/1992</li> </ol>	3a. Date o	of Last Rep 2/06/199	
Procioal Plan	ce of Business	2a.	Mailing Address				4. FEI Number	,,,	A	pplied For
		26	ū				59-3150966		N	lot Applicable
Suite, Apt. #	, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>4</b>	Additional lequired
L :		27					O Floring Compaign Financing			
City & State		-	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
l	Country	[28]_	Zip		untry		8. This corporation has liability for	intangible tax		
Zip L	25	29	τ.μ	30	,		Florida Statutes 🙀 Yes	. ∏No		
i	9. Name and Address of Curre		tered Agent		Τ΄		10. Name and Address of New F	Registered A	gent	
					81 1	Vame	Tope, Phil			
CHNE	HARRY S.				82 5	Street Ad	dress (P.O. Box Number is Not Acceptate	ole)		
	EVELAND STREET				<u>L</u>		00 S. Tenth Stree			
SUITE 8					83					
	WATER FL 34615				84 (	City Co	fety Harbor, FL		<b>85</b> Zip	
		1						<u> </u>		695
1. Pursuant t	o the provisions of Sections 697.05	02 and 60	7.1508, Florida Statu	ites, the ab	corpore	med corp	poration submits this statement for the purposed of directors. I hereby accept the app	irpose of cha iointment as	nging its re reaistered	agistered oni agent. I am
or registere familiar wit	ed agent, or both, in the State of the h, and accept the obligations of Se	ection 607.	0505, Florida Statute	S.	Corpore	ation 5 be	pard of directors. I hereby accept the app	11		Ü
GNATURE	This land							2/12/9	6	
		oru and Milita				gnaturo requ	ADDITIONS/CHANGES TO OFF	Z DATE	DIRECTO	RS IN 12
2.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF		7 Change	Addition
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AME	ODIO, STEPHEN A.				NAME					
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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 directory if 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 Chapter 607 and a statutes.

SIGNATURE:

Phil Tope - Vice President 02/12/96 813-725-7505

CR2E034 (12/95