

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005334 (6)**

1. Corporation Name
GILC INCORPORATED



Principal Place of Business
**POST OFFICE BOX 50085
WASTONVILLE CA 95077-5085**

Mailing Address
**POST OFFICE BOX 50085
WASTONVILLE CA 95077-5085**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suffic. Apt. #, etc.	
22	27	City & State	
23	28	Zip	
24	29	Country	30

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1995	Initial Report
4. FEI Number	Applied For / Not Applicable
77-0406448	
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. 193.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (if P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, DAVID H	1. NAME	
STREET ADDRESS	585 W. BEACH STREET	1. STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	1. CITY-ST-ZIP	
TITLE	PCEO	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, WILLIAM E	2. NAME	
STREET ADDRESS	585 W. BEACH STREET	2. STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	2. CITY-ST-ZIP	
TITLE	CFOV	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLBRITTON, ROXANE C	3. NAME	
STREET ADDRESS	585 W. BEACH STREET	3. STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	3. CITY-ST-ZIP	
TITLE	VAS	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAZIAN, DAVID R	4. NAME	
STREET ADDRESS	585 W. BEACH STREET	4. STREET ADDRESS	
CITY-ST-ZIP	WATSONVILLE CA 95076	4. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-ST-ZIP		6. CITY-ST-ZIP	

14. I do hereby certify that the information supplied by this filing was voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(a), 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 recipient of public employment empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as of the date stated with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 408 724-1011

CR2E084 (12/95)