

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 # **P95000052279 (3)**

1. Corporation Name
GAIN & WELL CORPORATION



Principal Place of Business: **360 N SEGRAVE STREET DAYTONA BEACH FL 32114**
Mailing Address: **360 N SEGRAVE STREET DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified: **06/30/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 **115 S. Palmetto Ave.** 22a. Mailing Address: 26 **115 S. Palmetto Ave.**
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State: **Daytona Beach Fl.** 28. City & State: **Daytona Beach, Fl.**
24. Zip: **32114** 25. Country: **FLORIDA** 29. Zip: **32114** 30. Country: **FLORIDA**

4. FEI Number: **59-3321438** 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

9. Name and Address of Current Registered Agent
COLEMAN, GAIL
360 N SEGRAVE STREET
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81. Name: *Same*
82. Street Address (P.O. Box Number is Not Acceptable): **18 Cedarford Ct.**
83. City: **Palm Coast** FL 85. Zip Code: **32137**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 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 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 607.0505 Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature is required when not satisfied) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, GAIL	
STREET ADDRESS	360 N SEGRAVE STREET →	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, A W	
STREET ADDRESS	360 N SEGRAVE STREET →	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	115 S. Palmetto Ave
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	115 S. Palmetto Ave.
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Gain & Well Corp. by Gail Coleman* 4-29-96 904-252-0089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY: _____ DAY: _____

CR2E034 (12/95)