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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 399995

(0)

GEISENHAVER ENTERPRISES, INC.

FILED
Apr 14 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 14910 DIAGONAL ROAD 14910 DIAGONAL ROAD

HUDSON FL 34667		HUDSON FL 34667				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/25/1972	,		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	T	Applied For	
21		26				38-2015833		Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Addition Fee Regulre			
City & Sta	lo	City & State				Election Campaign Financing     Trust Fund Contribution		0 May Be	
Zip	Country	Zip	Cour	ntry	<del></del>	8. This corporation owes or has paid the curren	nt vear	Intangible	
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No	
	g, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Ag	ent		
GE	EISENHAVER, RICHARD W.			81	Name				
14910 DIAGONAL ROAD				82 Street Address (P.O. Box Number is Not Acceptable)					
HL	JDSON FL 34667		Ļ	B3					
				84	City	FL	85 Z	p Code	
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change was	authorized	l by ti	named cor he corpora	poration submits this statement for the purpose of clation's board of directors. I hereby accept the appoir	hangin ntment	g its registered as registered	
SIGNATURE	Signature, typied or printed name of registered as	yent and the if applicable (NO	TE Registered	Agont	signature requ	ived when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	PTD	DELETE	1.1 1(1)	LE			] Chang	e Addition	
NAME	GEISENHAVER, RICHARD W	•	1.2 NA	ME	İ				
STREET ADDRESS	14910 DIAGONAL ROAD		1.3 STR	REET AC	DORESS				
CITY-ST-ZIP	HUDSON FL 34667		1.4 CIT		ZIP				
TITLE		☐ DELETĒ	2.1 1(1)			L	] Chang	e 🔲 Addition	
NAME			2.2 NAM		İ				
STREET ADDRESS			2.3 STR	EET AC	DDRES\$				
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CITY-ST-ZIP				Y-ST-2					
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NAME				Æ.		_	_ c.iang		
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				/-ST-2					

14. Hereby certify that the information supplied with this filing does not qualify for the emption 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 a firm officer or director of the corporation of the receiver or trustee empowered to execute a loss 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.