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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

KESSLI	er and gehman assoc	CIATES, INC.					
Principal Place	e of Business	Mailing Address				UIBH BIUN	4181) BIBI) 189)
507 NW 60TH		507 NW 60TH ST. #C					
GAINESVILLE	FL 32607	GAINESVILLE FL 32607	l		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		· ·· · · · · · · · · · · · · · · · · ·
					01/01/1981		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
		26		59-2048959		Not Applicable	
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State	9	City & State			Election Campaign Financing		00 May Be
<u> </u>		28			Trust Fund Contribution	Add	ed to Fees
Z ip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the curr		
<u> </u>	25	29	30			Yes	□ No
	9. Name and Address of Curr			81 Name	10. Name and Address of New Registered A	gent	
GA	INESVILLE FL 32602		83		dress (P.O. Box Number is Not Acceptable)		·
				84 City	FL	85	ip Code
SIGNATURE	Signature, typed or price I name of registered a	agest and title if upplicable (NO	DTE Registere		orporation submits this statement for the purpose of ration's board of directors. I hereby accept the apportunity that the apportunity of the purpose of the purpose of the apportunity board when reinstating).		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
ITLE	VI WEGGIED WI	DELETE	: 1.1 Ti			Chan	ge Addition
LAME	KESSLER, WJ 507 NW 60TH ST., #C		1.2 N/				
TREET ADDRESS	GAINESVILLE, FL 00000		4	REET ADDRESS			
HTY-ST-ZIP	PS PS	DELETE	1.4 CI	IY-SI-ZIP		Chan	ge Addition
TITLE	GEHMAN, ROBERT JR	L. J Deterie	2 2 N			LJ CHAN	de Magigia
NAME	GENMAN, NODENI JA		22 N	IME			
	SAT NIW BATH OF AC						
	507 NW 60TH ST., #C			REET ADORESS			
OTY-ST-7IP	507 NW 60TH ST., #C Gainesville, FL 00000	DELTE	2.40	ITY-ST-ZIP		Chan	ne Addition
CITY-SI-7IP		DECEPE	2. 4 D	ITY-ST-ZIP		Chan	ge Addition
CITY-SI-7IP TITLE NAME		DECENE	2. 4 C 3.1 Ti 3.2 No	ITY-ST-ZIP ILE IME		Chan	ge Additio
CITY-SI-7IP TITLE NAME STREET ADDRESS		DECEIE	2. 4 C 3.1 TF 3.2 N/ 3.3 ST	ITY-ST-ZIP ILE IME REET ADDRESS		Char	ge Addition
CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-SI-7IP			2. 4 C 3.1 Ti 3.2 No 3.3 Si 3.4. C	ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP			
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STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE			2. 4 C 3.1 Ti 3.2 Ni 3.3 Si 3.4 C 4.1 Ti 4. 2 Ni	ITY-ST-ZIP ILE ME REE1 ADDRESS ITY-ST-ZIP LE AME			
CITY-ST-7IP ITTLE IAME STREET ADDRESS CITY-ST-7IP ITTLE			2.4C 3.1 Ti 3.2 N/ 3.3 Si 3.4 C 4.1 Ti 4.2 N 4.3 Si	ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP ILE			

CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing 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 suppliemental 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.

5.1 TITLE

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-\$1-ZIP

64 CiTY-ST-ZIP

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

FILED

Mar 06 1998 8:00am

Secretary of State

Change

☐ Change

Addition

___ Addition