


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

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90071 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F80643**

1. Corporation Name  
**GELARDI, INC.**



Principal Place of Business: **GULF COAST TRANSIT 1442 SE 16TH PL CAPE CORAL FL 33990 US**

Mailing Address: **GULF COAST TRANSIT 1442 SE 16TH PL CAPE CORAL FL 33990 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/05/1982**

4. FEI Number: **59-2210638** Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Election Campaign Financing:  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **GELARDI, JAMES A 5389 FAIRFIELD WAY FT. MYERS FL 33919**

10. Name and Address of New Registered Agent: **81 Name: GELARDI, MICHAEL J 82 Street Address: 1442 SE 16th PL 83 CAPE CORAL, FLA 84 City: CAPE CORAL, FL 85 Zip Code: 33990**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **33990**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, VICKIE	1.2 NAME	Michael J GELARDI
STREET ADDRESS	5389 FAIRFIELD WAY	1.3 STREET ADDRESS	1442 SE 16th PL.
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	CAPE CORAL, FLA. 33990
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GELARDI, JAMES A	2.2 NAME	
STREET ADDRESS	5389 FAIRFIELD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GELARDI, JACQUELINE M	3.2 NAME	
STREET ADDRESS	5383 FAIRFIELD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	SEO. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELARDI, MICHAEL S	4.2 NAME	JAMES A Gelardi.
STREET ADDRESS	6064 TIMBERWOOD CIR	4.3 STREET ADDRESS	5389 FAIRFIELD WAY
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL. 33919
TITLE	TR <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GELARDI, CHRISTINE M	5.2 NAME	
STREET ADDRESS	5389 FAIRFIELD WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with or without other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

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