

FILE NOW: FILING FEE AFTER MAY 1:

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Jun 10, 1999 8:00 am
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 06-10-1999 90024 001 ***550.00

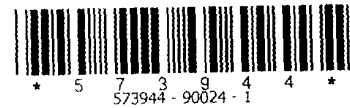
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052555

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA
 DIVISION

DOCUMENT # **J62888**

1. Corporation Name
GUNNISON ASSOCIATES, INC.

Principal Place of Business

% JAMES L. TURNER
439 OAK HOLLOW ROAD
AURORA OH 44303

Mailing Address

% JAMES L. TURNER
439 OAK HOLLOW ROAD
AURORA OH 44303

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

04/01/1987

4. FEI Number

59-2786128

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 owes the current year Intangible
 Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

3. Name and Address of Current Registered Agent

TURNER, JAMES L.
1550 RINGLING BLVD
SARASOTA FL 34236

7b. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title if agent is not

(If title is required) Agent signature is required when changing

DATE

12. OFFICERS AND DIRECTORS

DP ☐ DELETE
KOWALYK, DALE V.
439 OAK HOLLOW ROAD
AURORA OH

DST ☐ DELETE
KOWALYK, BARBARA C.
439 OAK HOLLOW ROAD
AURORA OH

☐ DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

☐ DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

☐ DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

☐ DELETE
 NAME:
 STREET ADDRESS:
 CITY, ST, ZIP:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
 11. TITLE
 12. NAME
 13. STREET ADDRESS
 14. CITY, ST, ZIP

☐ Change ☐ Addition
 21. TITLE
 22. NAME
 23. STREET ADDRESS
 24. CITY, ST, ZIP

☐ Change ☐ Addition
 31. TITLE
 32. NAME
 33. STREET ADDRESS
 34. CITY, ST, ZIP

☐ Change ☐ Addition
 41. TITLE
 42. NAME
 43. STREET ADDRESS
 44. CITY, ST, ZIP

☐ Change ☐ Addition
 51. TITLE
 52. NAME
 53. STREET ADDRESS
 54. CITY, ST, ZIP

☐ Change ☐ Addition
 61. TITLE
 62. NAME
 63. STREET ADDRESS
 64. 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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent

CR2ED34 (1/198)