

**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 # **P93000044083 (2)**

1. Corporation Name

**GUTHERSON INTERNATIONAL INC.**



Principal Place of Business

5520 GUNN HWY  
APT 202  
TAMPA FL 33624

Mailing Address

5520 GUNN HWY  
APT 202  
TAMPA FL 33624

3. Date Incorporated or Qualified  
**06/16/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 **5520 GUNN HWY**

2a. Mailing Address

26 **5520 GUNN HWY**

4. FEI Number

**59-3197658**

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

Suite, Apt. #, etc.

22 **APT 504**

Suite, Apt. #, etc.

27 **APT 504**

City & State

23 **TAMPA FL**

City & State

28 **Tampa, FL 33624**

Zip

24 **33624**

Country

25 **USA**

Zip

29 **33624**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**JACKSON, NICOLE A  
5520 GUNN HWY  
APT 202  
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name **Nicole Jackson**  
82 Street Address (P.O. Box Number is Not Acceptable) **5520 GUNN HIGHWAY**  
83 **APT 504**  
84 City **TAMPA** 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

*Nicole Jackson*

(NOTE: Registered Agent signature required when changing)

**5/12/96**

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, RAWLE L</b>	
STREET ADDRESS	<b>UNIVERSITY DR. CAVE HILL</b>	
CITY-ST-ZIP	<b>BARBADOS, WEST INDIES</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, FREDERICK A</b>	
STREET ADDRESS	<b>5520 GUNN HIGHWAY, APT. 202</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>RA</b>	<input type="checkbox"/> DELETE
NAME	<b>JACKSON, NICOLE A</b>	
STREET ADDRESS	<b>5520 GUNN HIGHWAY APT. #504</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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:

*Nicole Jackson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/12/96**

DATE

DATE

CR2E034 (12/95)