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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000072986

1. Corporation Name
GAPSS, INC.



Principal Place of Business
11258 PINEAPPLE ROAD
PUNTA GORDA FL 33955
US

Mailing Address
11258 PINEAPPLE ROAD
PUNTA GORDA FL 33955
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1993

2. Principal Place of Business

2a. Mailing Address

21 222 INDUSTRIAL BLVD.

26 222 INDUSTRIAL BLVD.

4. FEI Number
65-0448662

Applied For
Not Applicable

22 SUITE 116

27 SUITE 116

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

23 NAPLES, FL.

28 NAPLES, FL.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34104 25 USA

29 34104 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, ROBERT C
2431-33 FIRST ST
FT MYERS FL 33902

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 *Michael J. Gardner*

2-17-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME ST MORRIS, ROBERT S.
STREET ADDRESS 335 SAILFISH COURT
CITY-ST-ZIP PUNTA GORDA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME P GARDNER, MICHAEL
STREET ADDRESS 11258 PINEAPPLE ROAD
CITY-ST-ZIP PUNTA GORDA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME V GARDNER, GARY
STREET ADDRESS 15512 ORANGEADE DR
CITY-ST-ZIP PUNTA GORDA FL 33955

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 another like empowered.

SIGNATURE: *Michael J. Gardner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-99 (941) 403-8299
Date Daytime Phone #

CR2E034 (1/98)