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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90095 042 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000073808

1. Corporation Name
GELLYA, INC.

Principal Place of Business

4441 GUNN HWY 5147 US 98 N.
TAMPA FL 33624 Lakeland FL 33809
US

Mailing Address

4441 GUNN HWY 5147 US 98 N.
TAMPA FL 33624 Lakeland FL 33809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

59-3339812

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KAGAN, EDWIN B MNASSA, GHASSANE
4441 GUNN HWY 5147 US 98 North
TAMPA FL 33624 Lakeland FL 33809

10. Name and Address of New Registered Agent

81 Name MNASSA, GHASSANE

82 Street Address (P.O. Box Number is Not Acceptable)
5147 US 98 North

83

84 City Lakeland

FL

85 Zip Code
33809

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

MNASSA, GHASSANE

DATE

1/7/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME MNASSA, GHASSANE

STREET ADDRESS 7029 BONAVENTURE DR 5424 Deerbrooke Creek CR #6
TAMPA FL Tampa FL 33624

CITY-ST-ZIP TAMPA FL

TITLE VS ☐ DELETE

NAME MNASSA, LEILA F

STREET ADDRESS 7029 BONAVENTURE DR 5424 Deerbrooke Creek CR #6
TAMPA FL Tampa FL 33624

CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME CR #6

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME CR #6

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 all other like empowered.

SIGNATURE:

MNASSA, GHASSANE

Date

Daytime Phone #

1/7/99 (813) 265-0572

CR2E034 (11/98)