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

**CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

GAMSON INVESTMENTS, INC

GAINOU.	in investments, into			
Principal Plac	e of Business	Mailing Address		s samian essan distad tinir natuh tidal anti didit didit aldit didit didit didit didit.
2100 LEE RO	AD	2100 LEE RD		
SUITE A	( FL 32780	SUITE A WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE
WINTER PARK FL 32789 WINTER PARK FL 32789 US US				3. Date Incorporated or Qualified
				09/30/1969
2. Principal Place of Business 2s. Mailing A		2s. Mailing Address		4. FEI Number Applied For
21 26				<b>59-1273505</b> Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
City & Stat	0	City & State	<del></del>	Fee Required
23	.0	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
GA	MSON, ROBERT J.		B1 Name	
1501 THE OAKS DB			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
MA	FILAND FL-82751		111	ddress (P.O. Box Number is Not Acceptable) SAND PINE LANE
			83	
,			84 City /	85 Zip Code
11. Pursuant	A -		60	24767 15/27 FL   13/2/29
	Signature, it and or printed name of migistered ac-	DES , bot and tille if applicable (NO	TE: Registered Agent signature re	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CAMPON POPERT I	DELETE	1.1 TiTLE	<b>☆</b> Change
NAME OFFICE ADDRESS	GAMSON,ROBERT J 1501 THE OAKS DRIVE		1.2 NAME	111 SAND PINE LANE
STREET ADDRESS	MAITLAND-FL		1.3 STREET ADDRESS	1016 300 61 32779
CITY-ST-7IP	VPD VPD	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	LONGWOOD FL 32779    Change   Addition   Add
NAMÉ	GAMSON, STEPHEN M.	ייין איניין	2.2 NAME	III South Pour Louis
STREET ADDRESS	1501 THE VAKS DRIVE-		2.3 STREET ADDRESS	IN SHOU PINE CANE
CITY-ST-ZIP	MATTLAND-FL-		2.4 CITY-ST-ZIP	LAUGUSTON FL 32779
TITLE		DELETE	3.1 TITLE	Change Additi
NAME			3.2 NAME	— · · — · ·
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Additi
NAME			4 2 NAME	- ·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Additi
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	61 TITLE	Change Additi
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	

14. I hereby certify that the informal indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change ied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

**FILED** 

Apr 20 1998 8:00am

Secretary of State