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INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
CORPORATIONS

DOCUMENT # 374574 (2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation
GESCO MANUFACTURING COMPANY

Principal Place of Business Mailing Address
**324 13TH ST. SW P.O. BOX 1045
LARGO FL 34640 LARGO FL 34649-1045
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1970** 3a. Date of Last Report **01/31/1994**
4. FEI Number **59-1311155** 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

2. Principal Place of Business 2a. Mailing Address
21 Subd. Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
**SIEK, GEORGE E
324 13TH STREET S.W.
LARGO FL 34640**

10. 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
NOTE: Registered Agent signature required when necessary

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SIEK, GEORGE E
STREET ADDRESS	672 POINSETTIA RD. #39
CITY, ST, ZIP	BELLEAIR FL
TITLE	STD
NAME	SIEK, BONNIE J
STREET ADDRESS	672 POINSETTIA RD, #39
CITY, ST, ZIP	BELLEAIR FL
TITLE	VD
NAME	SIEK, GEORGE E, JR.
STREET ADDRESS	859 RIVERSIDE RIDGE ROAD
CITY, ST, ZIP	TARPON SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Zip Code
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	34616
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zip Code
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	34616
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP DANIEL S. SIEK
3.3 STREET ADDRESS	2271 Ashbury Dr.
3.4 CITY - ST - ZIP	Clearwater, FL 34624
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. 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 on the back of this report if changed, or on an attaching page or address.

SIGNATURE: *George E. Siek Pres* 2/6/95 813-584-8195
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Expiration (None)