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PROFIT CORPORATION ANNUAL REPORT

1997

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

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Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 377174

(8)

G.C. MEASEL AND SON, INC.

Principal Place of Business Mailing Address 5308 D'ORSAY STREET 5308 D'ORSAY STREET **SARASOTA FL 34232-2758** SARASOTA FL 34232 3. Date Incorporated or Qualified 3a. Date of Last Report 02/15/1971 03/15/1996 4. FEL Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1346479 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 28 Trust Fund Contribution 23 Zip Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MEASEL JR,G C 2010 LENA LANE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and titic if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13, Change Addition TITLE DELETE 1.1 TITLE MEASEL, STEPHEN D. NAME 1.2 NAME CR2E034 2190 LENA LANE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 2.1 TITLE MEASEL, RANDALL D NAME 22 NAME 7054 MAUNA LOA STREET ADDRESS 23 STREET ADDRESS SARASOTA FL 2 4 CITY-ST-ZIP CITY-ST-7P DELETE Change Addition 3.1 TITLE THUE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY - ST - ZIP 34 CITY-ST-ZIP Change DELETE Addition TITLE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition TITLE DELETE Change 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Stiches D. Muse / 22 Jan 97 941-371-2427

14. I do 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