

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90112 001 ***150.00

DOCUMENT # 518677

1. Corporation Name

GUSTAFSON AND ASSOC., INC.

Principal Place of Business

20156 E PENNSYLVANIA AVENUE
DUNNELLON FL 34432
US

Mailing Address

20156 E. PENN AVE
DUNNELLON FL 34432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1976

4. FEI Number

59-1705331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 11426 HENDRIX DR.

Suite, Apt. #, etc.

22 City & State

23 DUNNELLON FLORIDA

Zip

Country

24 34432

25 USA

2a. Mailing Address

26 11426 HENDRIX DR

Suite, Apt. #, etc.

27 City & State

28 DUNNELLON FLORIDA

Zip

Country

29 34432

30 USA

9. Name and Address of Current Registered Agent

GUSTAFSON, RICHARD L
11426 HENDRIX DR
DUNNELLON FL 34432

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, RICHARD L	
STREET ADDRESS	20156 E PENNSYLVANIA	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, D. JACQUELYN	
STREET ADDRESS	20156 E. PENNSYLVANIA AVE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUSTAFSON RICHARD L.	
1.3 STREET ADDRESS	11426 HENDRIX DR	
1.4 CITY-ST-ZIP	DUNNELLON FL 34432	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUSTAFSON D JACQUELYN	
2.3 STREET ADDRESS	11426 HENDRIX DR	
2.4 CITY-ST-ZIP	DUNNELLON FL 34432	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 (352) 489-3506
Date Daytime Phone #