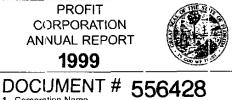
**PROFIT** CORPORATION ANNUAL REPORT

1999

GERALD'S SERVICE, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90119 030 \*\*\*150.00

					_						
Principal Place of Business Mailing Address							-	istial bils, side alli als.		GIGII GIGII GIGII GI	
LOVE THOSE WILLIAM			2012 FRUITVILLE RO SARASOTA FL 3423					DO NOT M	RITE IN TE	IS SDACE	
							2 D-1-			- SPACE	<del></del>
							12/3	incorporated or Qualif ()/1977			
2. Principal P	face of Business		2a. Mailing Addres	s			4. FEI N			<del></del>	lied For
21			26		_		<u>59</u> -1	785470			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	tc.			5. Certif	cate of Status Desired	ı 🗆	<b>\$8.75</b> A Fee Rec	
22			City & State		<del></del>		C Florati	O-masina Financia		<del></del>	
City & Stat	ie .		<b>⊢</b> ′					en Campaign Financii Fund Contribution	ng 🗆	\$5.00 i Added to	- 1
<b>23</b> Zip	Court		28 Zip		Country			corporation owes the o			1000
<b>⊢</b> '		ıı y	<b>⊢</b> '	30	n ´			r al Property Tax.	Julient year		⊡No
9. Name and Address of Current			<del></del>					10. Name and Address of New Registered Agent			
<del></del>	9. Name and Addi	ess of Current	Kedistelen Adelit		81	Name	10. 110		·· <b>9</b>		
MCNITT, JOHN M.											
2812 FRUITVILLE RD.					82	Street A	Address (P.O. Bo	Number is Not Acce	eptab <del>l</del> e)		
SARASOTA 34237					83			- <del></del>			
					84	•			F	_ , ,	
11. Pursuant	to the provisions of Se registered agent, or bot	ctions 607.0502	and 607.1508, Florida	Statutes,	the above	e-named	ccrporation subn	is this statement for	the purpose	of changing its r	registered
agent, la	registered agent, or bo: im familiar with, and ac	n, in the State Ci cept the obligation	ons of, Section 607.05	was auuk 05, Florida,	Statutes	ine corpe	oranion's board of	(III) COLOTS: THE COLOT OF	oopt me opt	O	, 5.5.42
SIGNATUFE	John M	nic VI	. <del>T /</del>		ells	u I	M 221 -	11100	4-	22-99	
SIGNATURE	Signature, typed or printed na	ne of registered agent a	and little if applicable.	(NOT Reg	gistered Ager	t signature re	equired when reinstating	1)	0.112		
12.		OFFICERS AND			13.		ADDIT	ONS/CHANGES TO	OFFICERS.		
TITLE	DT		☐ DELI	ETE	1.1 TITLE					Change	☐ Addition
NAME	MCNITT, MARY T.				1.2 NAME						
STREET ADDRESS	160 ST. LUCIE AVE.			13 STREET	ADDRESS					į	
CITY-ST-ZIP	SARASOTA FL				1.4 CITY-S	Γ-ZIP					
TITLE	PD		☐ DEL	ETE	2.1 TITLE					Change	Addition
NAME	MCNITT, JOHN M.				2.2 NAME						
STREET ADDRESS	160 ST. LUCIE AV	'ENUE			2.3 STREE1	ADDRESS					
CITY-ST-ZIP	SARASOTA FL				2.4 CITY-5	T-ZIP					
TITLE	D		☐ DEL	ETE	3.1 TITLE					Change	☐ Addition
NAME	MCNITT, BUDDY	<b>3</b> .			3.2 NAME	ļ					
STREET ADDRESS	CHEC CONCOTER				3.3 STREET	ADDRESS					
CITY-ST-ZIP	SARASOTA FL				3.4. CITY-9	T-ZIP					
TITLE			☐ DEL	ETE	4.1 TITLE					Change	☐ Addition
NAME					4. 2 NAME						

14. I hereb / 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 charged or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

4 4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

-- - DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NG OFFICEI: OR DIRECTOR

4-22-99

Change

Change

Addition

☐ Addition

CR2E034 (11/98)