

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **692846** (9)
1. Corporation Name
L.E. GOSEWISCH & ASSOCIATES, INC.



Principal Place of Business 5031 LAKE IN THE WOODS BLVD. PO BOX 5715 LAKELAND FL 33807-2715 US	Mailing Address 5031 LAKE IN THE WOODS BLVD. PO BOX 5715 LAKELAND FL 33807-2715 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5156 Wood Cir. W. Suite, Apt. #, etc. 22 LAKELAND City & State 23 FL Zip 24 33805	2a. Mailing Address 26 PO Box 5715 Suite, Apt. #, etc. 27 LAKELAND City & State 28 FL Zip 29 33807	3. Date Incorporated or Qualified 06/26/1981	4. FEI Number 59-2085119	Applied For <input type="checkbox"/> Not Applicable
Country 25 POLK	Country 30 POLK	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GOSEWISCH, L E
5031 LAKE IN THE WOODS BLVD.
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V
NAME	GOSEWISCH, PHYLLIS	1.2 NAME	GOSEWISCH, PHYLLIS
STREET ADDRESS	5031 LAKE IN THE WOODS	1.3 STREET ADDRESS	5156 Wood Cir. W.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE	P	2.1 TITLE	P
NAME	GOSEWISCH, L E	2.2 NAME	GOSEWISCH, L E
STREET ADDRESS	5031 LAKE IN THE WOODS	2.3 STREET ADDRESS	5156 Wood Cir. W.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND FL 33805
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE **L E GOSEWISCH**

1698 941-144 7599

CR2E034 (10/97)