

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90073 050 \*\*\*150.00

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DOCUMENT # 692846

1. Corporation Name

L.E. GOSEWISCH & ASSOCIATES, INC.



Principal Place of Business

5156 WOOD CIRCLE W  
PO BOX 5715  
LAKELAND FL 33805  
US

Mailing Address

PO BOX 5715  
PO BOX 5715  
LAKELAND FL 38807  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1981

4. FEI Number

59-2085119

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 1146 WATERFALL LANE

Suite, Apt. #, etc.

22

City & State

23 Lakeland FL

Zip

24 33803

Country

us

2a. Mailing Address

26 PO BOX 5715

Suite, Apt. #, etc.

27

City & State

28 Lakeland FL

Zip

29 33807

Country

us

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

GOSEWISCH, L. E.

82 Street Address (P.O. Box Number is Not Acceptable)

1146 WATERFALL LANE

83

84 City

LAKELAND

FL

85 Zip Code

33803

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 *L.E. Gosewisch* L.E. Gosewisch

1/30/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME GOSEWISCH, PHYLLIS  
STREET ADDRESS 5156 WOOD CIRCLE W  
CITY-ST-ZIP LAKELAND FL 33805

TITLE P ☐ DELETE

NAME GOSEWISCH, L E  
STREET ADDRESS 5156 WOOD CIRCLE W  
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition

1.2 NAME GOSEWISCH, PHYLLIS  
1.3 STREET ADDRESS 1146 WATERFALL LANE  
1.4 CITY-ST-ZIP LAKELAND FL 33803

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME GOSEWISCH, L. E.  
2.3 STREET ADDRESS 1146 WATERFALL LANE  
2.4 CITY-ST-ZIP LAKELAND FL 33803

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*L.E. Gosewisch*

L.E. Gosewisch

Date

1/30/99

Daytime Phone #

941-644-7594

CR2E034 (11/98)