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

**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # 836876



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90054 024 \*\*\*150.00

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1. Corporation Name GESSERTS INC		
Principal Place of Business	Mailing Address	- I (Båtið) imtið tittið áttiði iðist lagtið ditt álsti atott mikil áláti statt teð

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Principal Place	e of Business	Mailing Address				1011 <b>4</b> 4041 1001
1750 MAIN STR		1750 MAIN STREET		1		
DUNEDIN FL 34698 DUNEDIN FL 34698			DO NOT MIDITE IN THIS S	DAGE		
				DO NOT WRITE IN THIS S  3. Date incorporated or Qualifed		
ļ .	والمعطونية والمعارض متثق مارا		<u> </u>	08/18/1976	·	, ,,
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Apr	plied For	
<b>⊢</b>		26 2416 Hillcree	ek Circle E	39-1132684	Not	t Applicable
		Suite, Apt. #, etc.			\$8.75 A	dditional
22 27		27		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	\$5.00	
23		28 Clearwater, F		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intar		□No
24	25	29 33759 30	USA	1 Cloud Troporty Tax.		LINO
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered A	gent	
DUN	BAR, PETER M		o i itame			
	BAYSHORE BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1	EDIN, FLORIDA		83	<u> </u>	·····	
3469						
			84 City		85 Zip C	Code
11 Burevant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes, I	the above-named corp	poration submits this statement for the purpose of cl	hanging its	registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was author	rized by the corporation	on's board of directors. I hereby accept the appoint	ment as reg	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.			
SIGNATURE						
SIGNATURE	Signature, byped or printed name of registered agent	and title if applicable. (NOTE: Reg	nistered Agent signature require	ad when reinstating) DATE		<del></del>
	Signature, typed or printed name of registered agent OFFICERS ANI	<u> </u>	pistered Agent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12.		<u> </u>	·	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: X

TED NAME OF SIGNING OFFICER OR DIRECTOR

813 855 3482