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## FILED May 10, 1999 8:00 am Secretary of State

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

ANNUAL REPORT	Secretary of State		05-10-1999 90294 017 ***150.00		
1999	DIVISION OF CO	ORPORATIONS			
DOCUMENT # 85047  1. Corporation Name	76	(3)			
GEIMER ENTERPRISE	ES, INC.				
Principal Place of Business	Mailing Address		]		
TOM-GAR CORP.	TOM-GAR CORE				
PO BOX 940636	PO BOX 94063	_		IN THIS SPACE	
MAITLAND FL 32794	MAITLAND FL US	32/94	3. Date Incorporated or Qualified 09/25/1981	đ	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	· · · · · ·	Applied For
21	26		39-1166608		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	☐ Fee Rec	
City & State	City & State		6. Election Campaign Financing		
23	28	0	Trust Fund Contribution  8. This corporation owes the cur	Added to	
Zip Country [24]	Zip 39 34	Country	Property Tax.	Yes	No
9. Name and Address of Current	<u>, (</u>	<del></del>	10. Name and Address of New I	Registered Agent	
		81 Name			
		82 Street Addr	ress (P.O. Box Number is Not Accep	table)	
GEIMER, GARY					
1					
1910 GERONIMO TRAIL		83			)
1		83   84   City		E 85 Z	ip Code
1910 GERONIMO TRAIL MAITLAND FL 32794	O TOTAL CONTRACTOR	84 City			
1910 GERONIMO TRAIL MAITLAND FL 32794	2 and 607.1508, Florida Statu the State of Florida. Such ch	84 City	corporation submits this statement f	or the purpose of r	hanging its
1910 GERONIMO TRAIL MAITLAND FL 32794  11. Pursuant to the provisions of Sections 607.050 registered office or registered agent, or both, in as registered agent. I am familiar with, and acc	2 and 607.1508, Florida Statu h the State of Florida. Such ch cept the obligations of, Section	84 City	corporation submits this statement f y the corporation's board of directors tutes.	or the purpose of r	hanging its
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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

4/28/99 Date (407)644-9197

Daytime Phone i