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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F44995

(1)

1. Corporation Name:

GERSON GOODSON, INC.



Principal Place of Business

1113 KNOLLWOOD DR
SAFETY HARBOR FL 34695

Mailing Address

1113 KNOLLWOOD DR
SAFETY HARBOR FL 34695-4407

3. Date Incorporated or Qualified
09/10/1981

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 2451 McMullen Booth Rd

Suite, Apt. #, etc.

22 Ste 205

City & State

23 Clearwater, FL

Zip

24 34619

Country

25 US

2a. Mailing Address

26 2451 McMullen Booth Rd

Suite, Apt. #, etc.

27 205

City & State

28 Clearwater, FL

Zip

29 34619

Country

30 US

4. FEI Number

59-2119477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERSON, RICHARD F.
1113 KNOLLWOOD DR
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

Richard F. Gerson

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

2451 McMullen Booth Rd

83

Ste 205

84

Clearwater

FL

85

Zip Code
34619

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: Richard F. Gerson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/3/97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME GERSON, RICHARD F
STREET ADDRESS 1113 KNOLLWOOD DR
CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Gerson, Richard F
1.3 STREET ADDRESS 2451 McMullen Booth Rd, Ste 205
1.4 CITY-ST-ZIP Clearwater, FL 34619

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 do 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.

SIGNATURE: Richard F. Gerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

813-726-7619

Daytime Phone

CR2E034 (9/96)