

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 12 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F81728**
1. Corporation Name
GINGETICH PROPERTIES, INC.

Principal Place of Business Mailing Address
607 PINE RANCH BLD **P.O. BOX 20196**
OSPREY, FL 34229 **SARASOTA, FL**
34276

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **5-18-1962** 3a. Date of Last Report **8-20-94**

4. FEI Number **59-2192573** 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

2. Principal Place of Business 2a. Mailing Address
607 PINE RANCH BLD **P.O. BOX 20196**

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

23. City & State **OSPREY FL** 28. City & State **SARASOTA, FL**

24. Zip **34229** Country **USA** 29. Zip **34276** 30. Country **USA**

9. Name and Address of Current Registered Agent
GINGETICH ARNON E.
607 PINE RANCH BLD
OSPREY, FL 34229

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D IS	1.1 TITLE	ARNON GINGETICH <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGETICH, EDNA	1.2 NAME	607 PINE RANCH
STREET ADDRESS	607 PINE RANCH BLD	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	1.4 CITY-ST-ZIP	OSPREY FL 34229
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	600001536016
STREET ADDRESS		2.3 STREET ADDRESS	-07/12/95--01073--014
CITY-ST-ZIP		2.4 CITY-ST-ZIP	***225.00 ***225.00
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: _____ **941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6-9-95** **923-4765**
Date **941** **923-4765**
Date (None)