

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000005100 (9)

1. Corporation Name
ERIC J. GONGRE, INC.



Principal Place of Business

Mailing Address

29A LENOX POINTE
ATLANTA GA 30324

PO BOX 14026
ATLANTA GA 30324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3163 EDINGTON
Suite, Apt. #, etc.

2a. Mailing Address
26
27 P.O. Box 48373
Suite, Apt. #, etc.

22 City & State
23 LAURENCEVILLE, GA
24 Zip 30244 25 Country

28 City & State
29 ATLANTA, GA
30 Zip 30362 31 Country

3. Date Incorporated or Qualified

09/29/1997

4. FEI Number

58-2316077

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GONGRE, ERIC J
805 W. SUMMIT RD
BROOKSVILLE FL 34801

10. Name and Address of New Registered Agent

81 Name ERIC J. GONGRE
82 Street Address (P.O. Box Number is Not Acceptable)
19455 GULF BLVD, SUITE 8
83
84 City INDIAN SHORES FL 85 Zip Code 33785

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME GONGRE, ERIC J
STREET ADDRESS 28315 PLANTATION DR
CITY-ST-ZIP ATLANTA GA 30324

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE CP
12 NAME ERIC J. GONGRE
13 STREET ADDRESS 19455 GULF BLVD, SUITE 8
14 CITY-ST-ZIP INDIAN SHORES, FL 33785

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

4-25-98 813/517-2500

CR2E034 (10/97)