

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G25126** (5)

1. Corporation Name

GCE CONSULTANTS INCORPORATED



Principal Place of Business

Mailing Address

**C/O CHARLES D. WIMAN
2901-F SAND TRAP LANE
MELBOURNE FL 32935**

**C/O CHARLES D. WIMAN
2901-F SAND TRAP LANE
MELBOURNE FL 32935**

3. Date Incorporated or Qualified
02/11/1983

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2346727

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

10. Name and Address of New Registered Agent

**WIMAN, CHARLES D.
2901-F SAND TRAP LANE
MELBOURNE FL 32935**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of person or persons who prepared and filed this report

(Date) Registered Agent Signature required when re-registering

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE
NAME **WIMAN, CHARLES D.**
STREET ADDRESS **2901-F SAND TRAP LANE**
CITY-STATE-ZIP **MELBOURNE FL**

1. TITLE **PSD** ☒ Change ☐ Addition
2. NAME **WIMAN, CHARLES D.**
3. STREET ADDRESS **2901-F SAND TRAP LANE**
4. CITY-STATE-ZIP **MELBOURNE, FL 32539-3519**

TITLE **VTD** ☐ DELETE
NAME **WIMAN, JAN M.**
STREET ADDRESS **2901-F SAND TRAP LANE**
CITY-STATE-ZIP **MELBOURNE FL**

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-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 119.07(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 **Charles D. Wiman** **CHARLES D. WIMAN** 17 JANUARY 1996 407-254-6775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

CR2E034 (12/95)