

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

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AND
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97 DEC 31 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # H47887 (5)
1. Corporation Name
THE GIFTED GOOSE, INC.



Principal Place of Business
1407 20TH STREET
VERO BEACH FL 32960

Mailing Address
1407 20TH STREET
VERO BEACH FL 32960-3561

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/19/1985		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. # etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2534242		Applied For Not Applied	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.035 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent NICHOLSON, LINDA L 1407 20TH ST VERO BEACH FL 32960				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DS	11 TITLE	
NAME	PAGANESSI, FRANCES	12 NAME	
STREET ADDRESS	346 21ST AVE	13 STREET ADDRESS	4000002390384
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	-01/06/98--01012--006
TITLE	DP	21 TITLE	****165.00 ****165.00
NAME	NICHOLSON, LINDA	22 NAME	
STREET ADDRESS	1165 34 AVE SW	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	
NAME	GERKEN, MARY K	32 NAME	
STREET ADDRESS	2403 2ND ST SQ	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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. 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: Linda B. Nicholson, President
H-114-97 561-778-780



12.28.97

To Whom it May Concern:

Attached are the copies
of the Gifted Goese report
filed in April - The original
check has not cleared the bank.
I have sent a replacement.

When I re-opened in the
fall I received a notice
of dissolution - my original
reports were mailed in a
timely manner - Thank
you for your help in this
matter.

Gilda Nicholson
Pres.