

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H83055

(4)

1. Corporation Name

GYRO ENTERPRISES I, INC.



Principal Place of Business

1104 HOLLY LANE
JACKSONVILLE FL 32207

Mailing Address

1104 HOLLY LANE
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CARANTZAS, COSTA A.
1104 HOLLY LANE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

10/29/1985

3a. Date of Last Report

03/09/1995

4. FEI Number

59-2600547

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

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

Signature, typed or printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
CARANTZAS, COSTA A.
1104 HOLLY LANE
JACKSONVILLE FL

☐ DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD
CARANTZAS, KATHERINE
1104 HOLLY LANE
JACKSONVILLE FL

☐ DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ Addition

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)(b), 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 in an attachment with an address.

SIGNATURE:

Katherine N. Carantzas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine N. Carantzas

3-1-96

(904) 398-4677

CR2E034 (12/95)