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

PROFIT A CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J18432

GEBKO, INC.

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90016 036 ***150.00

Principal Place of Business Mailing Address 179 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169 US Mailing Address 179 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169 US						DO NOT WRITE IN THIS SPACE			
						ate Incorporated or Qualifed 5/06/1986			
2. Principal P	lace of Business	2a. Mailing Address				i Number	<u>-</u>	oplied For	
21		26			59	<u> -2679692 </u>		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			-	5. Certifcate of Status Desired See Required					
City & State City & State 23 28					1	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip 3	Country	y	8. This corporation owes the current year Intangible Personal Property Tax. Yes No			□No	
24	<u> </u>			ame and Address of New Registered					
	9. Name and Address of Current	Name		and and made of the most regions.					
BIGGS, GERALD F.				, realis			,		
104 GRANDVIEW DR.				82 Street Address (P.O. Box Number is Not Acceptable)					
NEW SMYRNA BEACH FL 32168				83					
NEW SWITHING DEACH I'E 32 100				'					
				City		FI	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati	f Florida. Sùch change was autl	norized by	/ the corporati	poration su tion's board	bmits this statement for the purpose of of directors. I hereby accept the appoint	f changing its sintment as re	registered egistered	
SIGNATURE	· · · · ·							Ì	
JONATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature requir	red when reinst	ating) DATE			
12.				13.		DITIONS/CHANGES TO OFFICERS A			
TITLE	DPT □ DELETE		1.1 TITLE				Change	Addition	
NAME	BIGGS, GERALD F.		1.2 NAME						
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET ADDRESS					- 1	
CITY-ST-ZIP NEW SMYRNA BEACH FL			1.4 CITY-ST-ZIP						
TITLE	VSD 🗀 DELETE		2.1 TITLE	2.1 TITLE			☐ Change	☐ Addition	
NAME BIGGS, BARBARA B.			2.2 NAME	2.2 NAME					
STREET ADDRESS 104 GRANDVIEW DR.			2.3 STREET ADDRESS						
CITY-ST-ZIP NEW SMYRNA BEACH FL			2. 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 NAME	.			i Tanan dan kacamatan	14.1	

3.4. CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition □ DELETE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.3 STREET ADDRESS

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

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904-428-2341

CR2E034 (11/98)