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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS			DNS	Secretary of State
DOCUMENT # J58225 JOHN R. GEIGER, P.A.			(O)				
Principal Place of Business 4475 US1 SOUTH			Mailing Address 4475 US 1 SOUTH			 , <u></u> -	
#408 St. Augustine Fl 32086 US			#406 St. Augustine Fl. 32086 Us				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business			2a. Mailing Address				02/23/1987 4. FEI Number Applied For
Suite, Apt. #, etc			26 Suite, Apt. #, etc.				65-0502460 Not Applicable
City & State			27 City & State				5. Certificate of Status Desired Fee Required
23 Zip			28	Соц			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 25 9. Name and Address of Current			29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
GEIGER, JOHN R.						Name	
4475 US 1 SOUTH ST AUGUSTINE FL 32086			L		82 83	Street A	Address (P.O. Box Number is Not Acceptable)
						City	- 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at				tes, the al	oove d by	e-named	d corporation submits this statement for the purpose of changing its registered
agent. I a	m tamiliar with, and a	accept the obligation	ins of, Section 607.0505, FI	orida Stat	ules	S	, and a second of an extensive and appearance and a
12,	Signature, typed or printed i	OFFICERS AND I		E Registeres	i Agn	nt Signature	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	TSD GEIGER, JOHN	TI 4400	☐ DELETE	1.1 TO 1.2 N/	AME		Change Addition
STREET ADDRESS CITY-ST-ZIP	4475 US1 SOU ST AUGUSTINE			1.4 CI	TY-S	ADDRESS 1 - ZIP	
name	GEIGER, JOHN		☐ DELETE	2.1 TI 2.2 N/			Change Addition
STREET ADDRESS CITY+ST-ZIP	4475 US 1 SOU ST AUGUSTINE					ADDRESS ST-7IP	
name			L DELET€	3 1 TA 3 2 NA	AME		L] Change L] Addition
STREET ADDRESS CITY-ST-ZIP				3.4 C	IIY-S	ADDRESS ST-ZIP	
NAME			DELETE	4.1 TI 4.2 N	AME		Change Addition
STREET ADDRESS CITY-ST-ZIP			The same	4 4 C	TY-S	ADDRESS T-7IP	
TITLE NAME			DELETE	5.1 T/ 5.2 N/	ME	}	Change Addition
STREET ADDRESS CITY-ST-ZIP			Parity	5.4 CI	IY-S	ADDRESS T-ZIP	
TITLE NAME			☐ DELETE	6.1 TH 6.2 N/	AME		☐ Change ☐ Addition
STREET ADDRESS						ADDRESS	

14. Thereby 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 600 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an object of the corporation of the receiver of the r

SIGNATURE:

FILED

May 19 1998 8:00am