


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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J94681 (0)
 1. Corporation Name
GINGERICH ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5750 FRUITVILLE RD SARASOTA FL 34232 US	Mailing Address 1025 HONORE AVE SARASOTA FL 34232 US
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3. Date Incorporated or Qualified
09/30/1987

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0009466	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GINGERICH
1025 HONORE AVE.
SARASOTA FL 34232

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PT	<input type="checkbox"/>
NAME	GINGERICH, LESTER	
STREET ADDRESS	1025 HONORE AVENUE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	V	<input type="checkbox"/>
NAME	GINGERICH, JOSEPH	
STREET ADDRESS	6190 RICHARDSON ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/>
NAME	GINGERICH, RHODA	
STREET ADDRESS	1025 HONORE AVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input type="checkbox"/>
NAME	GINGERICH, JASON	
STREET ADDRESS	1022 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/>
NAME	GINGERICH, JOHN MARK	
STREET ADDRESS	1022 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Gingerich, Jason		
4.3 STREET ADDRESS	3804 DAVIS BLVD.		
4.4 CITY-ST-ZIP	Sarasota FL		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 changed, or on an attachment with an address.

SIGNATURE: Jason M. Gingerich **REQUIRED** Jason Gingerich 1/15/98 (941) 379-9600

CR2E034 (10/97)