

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:48**

DOCUMENT # K01295 (0)

1. Corporation Name
DYEHOUSE & GESHAY, INC.

Principal Place of Business % JOHN K. DYEHOUSE 1100 FIFTH AVE. S. #307 NAPLES FL 33940	Mailing Address % JOHN K. DYEHOUSE 1100 FIFTH AVE. S. #307 NAPLES FL 33940
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/05/1987	3a. Date of Last Report 03/08/1994
4. FEI Number 65-0011812	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 999 FIFTH AVE PKWY	2a. Mailing Address 26 999 FIFTH AVE PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent DYEHOUSE, JOHN K. 150 BIG SPRINGS DRIVE NAPLES FL 33962	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPTS	NAME DYEHOUSE, JOHN K.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 150 BIG SPRINGS DRIVE	CITY - ST - ZIP NAPLES FL	12 NAME	
TITLE V	NAME GESHAY, JOHN T	13 STREET ADDRESS	
STREET ADDRESS 189 NORTH ST	CITY - ST - ZIP NAPLES FL	14 CITY - ST - ZIP	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	

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 110.07(3)(k), 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: *John K. Dyehouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95
DATE