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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90045 033 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K77482

1. Corporation Name

GAMMA HIGH VOLTAGE RESEARCH, INC.

Principal Place of Business

1096 NORTH U.S. HIGHWAY #1
ORMOND BEACH FL 32174

Mailing Address

1096 NORTH U.S. HIGHWAY #1
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1989

4. FEI Number

59-2942658

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

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

9. Name and Address of Current Registered Agent

MARESCO, HONORA M
13 COTTON CT
SUITE B
PALM COAST FL 32137

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MARESCO, HONORA M.
STREET ADDRESS
13 COTTON CT.
CITY-ST-ZIP
PALM COAST FL

TITLE ☐ DELETE

NAME
GALLUZZO, DOMINICK
STREET ADDRESS
76 SHADOW CREEK WAY
CITY-ST-ZIP
ORMOND BCH FL

TITLE ☐ DELETE

NAME
MARESCO, HONORA M.
STREET ADDRESS
13 COTTON CT.
CITY-ST-ZIP
PALM COAST FL

TITLE ☐ DELETE

NAME
MARESCO, HONORA M.
STREET ADDRESS
13 COTTON CT.
CITY-ST-ZIP
PALM COAST FL

TITLE ☐ DELETE

NAME
MARESCO, HONORA M.
STREET ADDRESS
13 COTTON CT.
CITY-ST-ZIP
PALM COAST FL

TITLE ☐ DELETE

NAME
MARESCO, HONORA M.
STREET ADDRESS
13 COTTON CT.
CITY-ST-ZIP
PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Honora Maresco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/13/99
Daytime Phone #: 9046777070

CR2E034 (11/98)