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

**FILED** May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (9)GIETZEN & ASSOCIATES, INC. Principal Place of Business Mailing Address 1302 N MARION ST 1302 N MARION ST TAMPA FL 33802 **TAMPA FL 33602** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1989 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-2975034 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIETZEN, WILLIAM R. 4102 N WILDER RD 82 Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33565 83 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE NAME GIETZEN, MARTA L 12 NAME 4102 NORTH WILDER STREET ADDRESS 1.3 STREET ADORESS PLANT CITY FL CITY-ST-2W 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GIETZEN, WILLIAM NAME 2.2 NAME 4102 NORTH WILDER STREET ADDRESS 2 3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5 1 TITLE Change NAME 52 NAME

14. I hereby certify that the information supplied with this filing does not adultify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or experience 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 my receiver of 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, over a stachment with an appears.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CiTY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

CRILLIS GIETZEN 4/27/98 8/312.3.3732

Change

Addition