

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mogkham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L43747** (9)  
1. Corporation Name  
**GEPICAN & ASSOCIATES, INCORPORATED**



Principal Place of Business <b>220 - 5TH A/N 4049 40TH STREET, SOUTH ST. PETERSBURG FL 33712 US</b>	Mailing Address <b>C/O HERMINE DICKSON 4049 40TH STREET, SOUTH ST. PETERSBURG FL 33711-4213</b>
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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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3. Date Incorporated or Qualified <b>01/16/1990</b>	3a. Date of Last Report <b>05/10/1996</b>
4. FEI Number <b>59-2988510</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DICKSON, HERMINE 4049 40TH STREET, SOUTH ST. PETERSBURG FL 33711</b>	
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81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DICKSON, HERMINE</b>
STREET ADDRESS	<b>4049 40TH ST. SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>REED, DIANNE</b>
STREET ADDRESS	<b>1954 54TH TERR. SOUTH</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PEARLITA, DANIEL</b>
STREET ADDRESS	<b>2356 LYNN LAKE PL. SO., APT. B</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>President</i>
2.3 STREET ADDRESS	<i>Dianne Reed</i>
2.4 CITY-ST-ZIP	<i>2247 Bonita Way So. St. Petersburg, FL 33712</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *1061 SIGNATURE REQUIRED* 5/19/97

CR2E034 (9/96)