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

NAME

STREET ADDRESS

SIGNATURE:

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L43747 (9) **GEPICAN & ASSOCIATES, INCORPORATED** Principal Place of Business Mailing Address 220 - 5TH A/N 4049 40TH STREET, SOUTH C/O HERMINE DICKSON 4049 40TH STREET, SOUTH ST. PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33711 3. Date Incorporated or Qualified 01/16/1990 2. Principal Place of Business 2a. Maiting Addres FEI Number Applied For 59-2988510 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State ntate 6. Election Campaign Financing \$5.00 May Be 23 2R Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible 🗖 Yes 24 29 ☐ No 25 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DICKSON, HERMINE 4049 40TH STREET, SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33711 **B3** 84 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 hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ☐ Addition CR2E034 DICKSON, HERMINE NAME 1.2 NAME 4049 40TH ST. SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change FITLE 2.1 TITLE REED, DIANNE NAME 2.2 NAME 2247 BONITA WAY S STREET ADDRESS 23 STREET ADDRESS ST. PETERSBURG FL CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Change ■ Addition TITLE 3.1 TITLE PEARLITA, DANIEL 3.2 NAME NAME 2356 LYNN LAKE PL. SO., APT. B 3.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33712 CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE

6.2 NAME

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6 3 STREET ADDRESS 6.4 CiTY-ST-ZIP 14. Thereby 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 of the recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changes, or on an attachment, with an address.

FILED