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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **L56542**

GASTON SERVICES, INC.

,	of Business	Mailing Address			1		
S15 S. MISSOURI AVE		PO BOX 98		The second second	•		
⊭ C		CLEARWATER FL 33757			DO NOT WRITE IN	THIS SPACE	, ,
CLEARWATER FL 33756 US		US		3. Date Incorporated or Qualifed			
13					03/07/1990		
Britania al Dia	nee of Business	2a. Mailing Address			4. FEI Number	A	pplied For
_	ace of Business	26			59-3001195	N	ot Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.	· · · · ·		5. Certifcate of Status Desired	•	Additional
22		27		5. Certificate of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
25 29			30		Personal Property Tax. Yes No		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regis	rerea-Agent	
				81 Name			
	TON, FREDERICK H., III	•	82 Street Add		dress (P.O. Box Number is Not Acceptable)		
	PONCE DE LEON BLVD.				2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o deleta de la composición del composición de la composición de la composición de la composición del composición de la c	2.4n 2:8i, 1881
BELL	EAIR FL 34616			83			
	•	•		84 City	State of the state	85 Zip	Code
					and the second second		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the at	ove-named corp	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing it appointment as r	s registered egistered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a tions of Section 607.0505, Flo	orida Statu	ites.	on a goal of directors. The early description	11-	
	CAN THE	12000	<i></i>	2 (CEL	· · ·	26-94	<u> </u>
SIGNATURE	Signature, typed or printed name of registered agen			Agent signature require	ed when reinstating)	DE AND DIRECT	OPS IN 12
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD	☐ DELETE	1.1 TIT		The Augustian	0	
NAME	GASTON, FREDERICK H.,III		1.2 NA	i			,
STREET ADDRESS				REET ADDRESS	· ·		•
STREET ADDRESS CITY-ST-ZIP	BELLEAIR FL		1.4 CT	TY-ST-ZIP		☐ Change	Addition
	BELLEAIR FL TSD	☐ DELETE	1.4 Cr 2.1 Tr	TY-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP	BELLEAIR FL TSD GASTON, KATHLEEN A.	☐ DELETE	1.4 CF 2.1 TF 2.2 N/	ry-st-zip Le Me		☐ Change	Addition
CITY-ST-ZIP TITLE	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD.	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST	TY-ST-ZIP LE ME REET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	TSD GASTON, KATHLEEN A.		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C	TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP		<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD.	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD.		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE		<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NV 3.3 ST 3.4 C	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		Change	a Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 C 3.1 TF 3.2 NA 3.3 ST 3.4 C	TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE		☐ Change	a Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 CT 2.1 TM 2.2 NA 2.3 ST 2.4 C 3.1 TM 3.3 ST 3.4 C 4.1 TM 4.2 NA	TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP ILE AME		Change	a Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 CT 2.1 TM 2.2 NA 2.3 ST 2.4 C 3.1 TM 3.3 ST 3.4 C 4.1 TM 4.2 NA	TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP LE		Change	a Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/2 2.3 ST 2.4 C 3.1 Til 3.2 N/2 3.3 ST 3.4 C 4.1 Til 4.2 N/4 4.3 S'	TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP ILE AME		Change	a ∏Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Till 2.2 N/2 2.3 ST 2.4 C 3.1 Till 3.2 N/3 3.5 ST 3.4 C 4.1 Till 4.2 N/4.3 S 4.4 C 5.1 Till 4.2 N/4.3 S 5.1 Till 5.1 T	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS TY-ST-ZIP ILE TY-ST-ZIP ILE TY-ST-ZIP ILE ILE ILE ILE ILE ILE ILE I		Change	a ∏Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 C 4.1 Ti 4.2 N/ 4.3 S' 4.4 C 5.1 Ti 5.2 N/ 5.2 N/ 5.2 N/	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME		Change	a ∏Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 C 4.1 Ti 4.2 N/ 4.3 S' 4.4 C 5.1 Ti 5.2 N/ 5.3 S'	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS		Change	a ∏Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Ti 3.2 N/ 3.3 ST 3.4 C 4.1 Ti 4.2 N/ 4.3 S' 4.4 C 5.1 Ti 5.2 N/ 5.3 S' 5.4 C	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP		☐ Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 C 4.1 Til 4.2 N/ 4.3 S' 4.4 C 5.1 Til 5.2 N/ 5.3 S' 5.4 C 6.1 Til	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 C 4.1 Til 4.2 N/ 4.3 S' 4.4 C 5.1 Ti 5.2 N/ 5.3 S' 5.4 C 6.1 Ti 6.2 N/ 6.2 Til 6.2 N/ 6.3 Til 6.2 N/ 6.2 Til 6.2 N/ 6.3 Til 6.3	TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AAME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AAME		☐ Change	Addition Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	BELLEAIR FL TSD GASTON, KATHLEEN A. 209 PONCE DE LEON BLVD. BELLEAIR FL	☐ DELETE	1.4 Cf 2.1 Til 2.2 N/ 2.3 ST 2.4 C 3.1 Til 3.2 N/ 3.3 ST 3.4 C 4.1 Til 4.2 N/ 4.3 S' 4.4 C 5.1 Til 5.2 N/ 5.3 S' 5.4 C 6.1 Til 6.2 N/ 6.3 S'	TY-ST-ZIP TE ME REET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		☐ Change	Addition Addition Addition

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:

1-26-99

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90018 040 ***150.00