## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

STREET ADDRESS

GEOSAN ENTERPRISES, INC.

. (88) (8) 88) 80) 81)	1810 88188 1011 8181 8	HALL BIRN ALBE	SIGN GIAN BIEN ISE

Principal Place of Business 12520 4TH STREET EAST TREASURE ISLAND FL 33706		Mailing Address  12520 4TH STREET EAST TREASURE ISLAND FL 33706		······	<b>9,</b>			
					03/14/1990 06/12/19 4, FEI Number	Applied For		
_	Place of Business	2a. Mailing Address			FO 0000F04	Not Applicable		
Suite, Apt	t # etc	Suite, Apt. #, etc.			\$8.75	Additional		
		27	n			Required		
City & Sta	ate	City & State		<del>-</del>	6. Election Carripaign Financing \$5.0	<b>0</b> May Be		
23		28				d to Fees		
Ζιρ	Country	Zip	Count	ry	8. This corporation has liability for intangible tax under s     Florida Statutes	199.032.		
24	25 g. Name and Address of Curi	29	30		Florida Statutes L Yes Al No  10. Name and Address of New Registered Agent			
	3, Haine and Address of Our	en negistered Agent		1 Name				
FIRFO	SR, GEORGE W.				(D.C. D. Marsharia Mat Accordable)			
	4TH STREET EAST			2 Stree	et Address (P.O. Box Number is Not Acceptable)			
	SURE ISLAND FL 33706		8	3				
			-	4 City	<b></b> 85 ∠	p Code		
				] - '	corporation submits this statement for the purpose of changing its n's board of directors. I hereby accept the appointment as registered			
familiar s SIGNATURE	with, and accept the obligations of, Si Signal me, typed or profed name of representa-	ection 607.0505, Florida Statute	28		ue to produce rendativy DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
TITLE	PTD	☐ DELETE	1 1 101	F	☐ Change	Addition		
NAME	FIBER, GEORGE W SR		1.2 NAN	E				
STREET ADDRESS			1.3 STR	ET ADDRESS	38			
CITY-ST-ZIP	TREASURE ISLAND FL			- ST - Z(P		— X442		
TITLE	VSD CANDOA K	☐ DEFEIF	2 1 101		Change	☐ Addition		
NAME	FIBER, SANDRA K 12520 4TH STREET		2 2 NAV					
STREET ADDRESS	TREASURE ISLAND FL			EFF ADDRESS	38			
CITY-ST-ZIP TITLE	INLAGORE IOLARD I L	DELETE	3 1 10	-ST-ZiP F	Cnange	☐ Addition		
NAME			3 2 NAN			_		
STREET ADDRES	s			 Eet addres	ss			
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELFTE	4 1 107	.F	Change	☐ Addition		
NAME			4.2 NAM	1E				
STREET ADDRES	s		43 STR	EET ADDRES	SS			
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ DELETE	5 1 Hf		Change	☐ Addit∙on		
NAME			5 2 NAM					
STREET ADDRES	s			EET ADDRES	SS			
CHTY-ST-ZIP		DELETE	5 4 Cit	1-S1-ZIP	Change	Add tion		
TITLE			6 1 1:1		Change			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if changed, or on an attachment with an address

6.3 STREET ADDRESS

6.4 CITY - ST - ZiP

04/15/96

813-360-8556