FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Wortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L97025 (5) GEAR GRABBERS, INC. Principal Place of Business Mailing Address 33767-8432 P O BOX 3432 CLEARWATER BEACH I BEACH FL 34635 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1990 Milling Address clpal Place of Business 4. FEI Number Applied For 59-3025011 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 20 33767-8432 -BY32 25 <u>usa</u> んとん Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGEE, JOHN P P O 80X 3432 82 Street Address (P.O. Box Number is Not Acceptable) CLEARWATER BEACH FL 34800 33767- 8432 83 R4 City 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. and accept the obligations of, Section HANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE MCGEE, JOHN NAME MAILING (ALL 1.2 NAME P O BOX 3432 STREET ADDRESS 1.3 STREET ADDRES **CLEARWATER BEACH FL** CITY-ST-ZIP 1.4 CiTY - ST - Z DELETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE ☐ Addition 3 1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Chanoe Addition 4.17(TLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 111LE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

***150.00 6.4 DITY-ST-ZIP 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.

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change

800002431788 -02/16/98--01092--025

DELETE

TIT) F

NAME

STREET ADDRESS

CITY-ST-7/P