

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
INFORMATION CHANGE



FLORIDA DEPARTMENT OF STATE
K...
S...
DIVISION OF CORPORATIONS

FILED

99 OCT 27 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M32984

1 Corporation Name

THE G-K. FISHER COMPANY

Principal Place of Business

Mailing Address

546 1ST STREET
VERO BCH, FL 32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

4 Date Incorporated or Qualified
To Do Business in Florida

6-2-86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

Applied For

City & State

City & State

59-2677985

Not Applicable

Zip

Country

Zip

Country

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

\$61.25

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ALAN F. HARRIS	546 1 ST STREET	VERO BCH, FL 32962
S/M	HEIDI ADAMS	546 1 ST STREET	VERO BCH, FL 32962

100003035451--7
-11/04/99--01082--006
****995.00 ****61.25

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

DONNA PRIETO
546 1ST STREET
VERO BCH, FL 32962

Name

HEIDI ADAMS

Street Address (P.O. Box Number is Not Acceptable)

546 1ST STREET

Suite, Apt. #, Etc.

City

VERO BCH

State

FL

Zip Code

32962

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Heidi Adams

REGISTERED AGENT MUST SIGN

Date

10-26-99

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i). F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heidi Adams

Date

10-26-99

Daytime Phone #

(561)
569-2169