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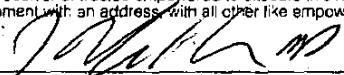
Jul 07 04 01:20p

DOCTORMANAGEMENT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90004 045 ***550.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000102586			
1. Entity Name GEP EQUIPMENT CORPORATION			
Principal Place of Business 6717 N.W. 11TH PLACE SUITE A GAINESVILLE, FL 32605		Mailing Address 6717 N.W. 11TH PLACE SUITE A GAINESVILLE, FL 32605	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1311791		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CATLIN, JEFFREY R M.D. 6717 N.W. 11TH PLACE SUITE A GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CATLIN, JEFFREY R 6717 NW 11 PLACE #A GAINESVILLE, FL 32605 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Catch, Kyle C 6717 NW 11th Place Ste A GAINESVILLE, FL 32605 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		Date: 7/12/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

54062456



07072004 Chg-P CR2E034 (10/03)