

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

FILED

Jan 29 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000029678 (8)

1. Corporation Name

GAIL A. CHRISTIANSEN, INC.



Principal Place of Business

861 CENTERWOOD DRIVE  
TARPON SPRINGS FL 34689

Mailing Address

861 CENTERWOOD DRIVE  
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1993

4. FEI Number

59-3179658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

764 Cypress Lakes Blvd

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

26

Suite, Apt. #, etc.

764 Cypress Lakes Blvd

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

9. Name and Address of Current Registered Agent

CHRISTIANSEN, GAIL A  
861 CENTERWOOD DRIVE  
TARPON SPRINGS FL 34689

81 Name

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

764 Cypress Lakes Blvd

83

84

Tarpon Springs

FL

85 Zip Code

34689

10. Name and Address of New Registered Agent

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.

SIGNATURE Gail Christiansen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-21-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
CHRISTIANSEN, GAIL A  
STREET ADDRESS 861 CENTERWOOD DR  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-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.

SIGNATURE: Gail Christiansen

DATE 1-21-98 813-937-5073

CR2E034 (10/97)