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FILED

May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053171 (3)

1. Corporation Name
GERJEN INC.

Principal Place of Business

3305 CURTIS DR
APOPKA FL 32703

Mailing Address

3305 CURTIS DR
APOPKA FL 32703-6715



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/29/1993

3a. Date of Last Report

07/26/1996

4. FEI Number

59-3198298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

~~VEIGLE, GERRI~~ Leaman Gerri
401 E. SEMORAN BLVD.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name Gerri Leaman

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

3305 Curtis Dr.

83

84 City Apopka

FL

85 Zip Code 32703

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 ~~VEIGLE, GERRI~~ Leaman Gerri
3305 CURTIS DR
APOPKA FL 32703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP
☐ Change ☐ Addition

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY-ST-ZIP
☐ Change ☐ Addition

22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY-ST-ZIP
☐ Change ☐ Addition

26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY-ST-ZIP
☐ Change ☐ Addition

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY-ST-ZIP
☐ Change ☐ Addition

34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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: [Signature] 5-15-97 407-888-1122

CR2E034 (9/96)