

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000061908 (8)

1. Corporation Name

GAUL MANAGEMENT SYSTEMS, INC.



Principal Place of Business

Mailing Address

445 DOUGLAS AVE.  
SUITE 2005-21  
ALTAMONTE SPRINGS FL 32714

445 DOUGLAS AVE.  
SUITE 2005-21  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

07/25/1995

2. Principal Place of Business

21 415 Montgomery Rd

Suite, Apt. #, etc.

22 Suite 145

City & State

23 Altamonte Springs, FL

Zip

24 32714

Country

25 USA

2a. Mailing Address

26 415 Montgomery Rd

Suite, Apt. #, etc.

27 Suite 145

City & State

28 Altamonte Springs, FL

Zip

29 32714

Country

30 USA

4. FEI Number

59-3210008

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVE.  
ORLANDO FL 32803

81 Name

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

83

84 City

FL

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.

SIGNATURE

*George W. Gaul Jr.*

(NOTE: Registered Agent signature required when re-registering)

6-11-96

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
GAUL, GEORGE W. JR.  
445 DOUGLAS AVE., SUITE 2005-1  
ALTAMONTE SPRINGS FL 32714

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

President  
Gaul, George W. Jr.  
415 Montgomery Rd Suite 145  
Altamonte Springs, FL 32714

☒ Change

☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change

☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George W. Gaul Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-96

DATE

407-682-2219

Daytime Phone #

CR2E034 (3/96)