

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063430 (1)

1. Corporation Name

GSH ENTERPRISES INC.



Principal Place of Business

Mailing Address

369 LAKE RD.
LAKE MARY FL 32746

369 LAKE RD.
LAKE MARY FL 32746

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 8502 Willow Wisp Ct

26 8502 Willow Wisp Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3209834

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

23 Orlando, FL

28 Orlando, FL

City & State

City & State

Zip

Country

24 32835

25 USA

29 32835

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOROWITZ, WAYNE
369 LAKE RD.
LAKE MARY FL 32746

81 Name DAVID L GUY

82 Street Address (P.O. Box Number is Not Acceptable)
8502 Willow Wisp Ct

83

84 City Orlando

FL

85 Zip Code 32835

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

David L. Guy

4/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTSD
NAME HOROWITZ, WAYNE
STREET ADDRESS 369 LAKE RD.
CITY-ST-ZIP LAKE MARY FL ☒ DELETE

1.1 TITLE Secretary/Treasurer
1.2 NAME Patricia H. Guy
1.3 STREET ADDRESS 8502 Willow Wisp Ct
1.4 CITY-ST-ZIP Orlando, FL 32835 ☐ Change ☐ Addition

TITLE PC
NAME GUY, DAVID L
STREET ADDRESS 369 LAKE RD.
CITY-ST-ZIP LAKE MARY FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SHIRES, DON E
STREET ADDRESS 369 LAKE RD.
CITY-ST-ZIP LAKE MARY FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David L. Guy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(407) 294-5889

Daytime Phone #

CR2E034 (12/95)