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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

8502 WILLIAM WISH CT.
ORLANDO FL 32835
US

Mailing Address

8502 WILLIAM WISH CT.
ORLANDO FL 32835-2564
US

2. Principal Place of Business

21 1486 Seminola Blvd-Unit 8
Suite, Apt. #, etc.

22 Casselberry, Florida
City & State

23 32707 Seminole
Zip Country

24 Seminole 25 USA

2a. Mailing Address

26 1486 Seminola Blvd-Unit 8
Suite, Apt. #, etc.

27 Casselberry, Florida
City & State

28 32707 Seminole
Zip Country

29 Seminole 30 USA

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

DAVID L. GUY
8502 WILLIAM WISH CT.
ORLANDO FL 32835

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

ST
GUY, PATRICIA A.
8502 WILLIAM WISH CT.
ORLANDO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PC
GUY, DAVID L
360 LAKE RD.
LAKE MARY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VD
SHIRES, DON E
360 LAKE RD.
LAKE MARY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

Vice President
Andreas L. Temmel
232 Antler Ct
Casselberry, FL 32707

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

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

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

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

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 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] DAVID L. GUY

5/23/97 (408) 690-7326

CR2E034 (9/96)