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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1406 SEMINOLA BLVD
UNIT 8
CASSELBERRY FL 32707
US

Mailing Address

1406 SEMINOLA BLVD.
UNIT 8
CASSELBERRY FL 32707
US

2. Principal Place of Business

21 8502 Willow Wish Ct

Suite, Apt. #, etc.

22

City & State

23 Orlando, FLA

Zip

24 32835

Country

25 U.S.A.

2a. Mailing Address

26 8502 Willow Wish Ct

Suite, Apt. #, etc.

27

City & State

28 Orlando, FLA

Zip

29 32835

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/13/1993

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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 ☐ DELETE

NAME ST
GUY, PATRICIA A.
STREET ADDRESS 8502 WILLOW WISH CT.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME VP
TEMME, ANDREW L
STREET ADDRESS 232 ANTLER CT
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

CP2E034 (10/97)