

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mutum
Secretary of State
1995

APPROVED
AND
FILED

MAY 10 AM 10:15

DOCUMENT # P94000089508 (3)

1. Corporation Name

M & G GEBHART CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6262 142ND AVENUE NORTH
CLEARWATER FL 34620

Mailng Address

6262 142ND AVENUE NORTH
CLEARWATER FL 34620

(S. IF IT WRITES IN THIS SPACE)

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 9100 A11.19 N Palm Harbor FL 34683

2a. Mailng Address

26 Same

4. FEI Number

65-0540068

Applied For

Not Applicable

State Apt # etc

State Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Palm Harbor, FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 34683

Country

Zip

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Country

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8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. ☐ YES ☐ NO

9. Name and Address of Current Registered Agent

GEBHART, MATTHEW
6262 142ND AVENUE NORTH
CLEARWATER FL 34620

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 of person named as registered agent and the applicable

for the registered agent (signature required when the change is

made)

12. OFFICERS AND DIRECTORS

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13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
Division of Corporations

DOCUMENT # P94000089551 (3)

1. Incorporation State

R. CARDEN & ASSOCIATES, INC.

12:15

FLORIDA
DO NOT WRITE IN THIS SPACE

2. Principal Office Address		2a. Mailing Address		3. Date of Incorporation or Qualification		3a. Date of Last Report	
5500 HOLOPAW ROAD ST CLOUD FL 34773		5500 HOLOPAW ROAD ST CLOUD FL 34773		12/09/1994			
21. Principal Office City and State		26. Mailing Address City and State		4. FEI Number		Applied For / Not Applicable	
22. State of Incorporation		27. State of Mailing Address		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City and State		28. City and State		6. Election Campaign Financing / Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. City		25. County		29. City		30. County	
				8. This corporation has liability for state tax under S. 193.032 Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARDEN, RODNEY 5500 HOLOPAW ROAD ST CLOUD FL 34773				B1. Name			
				B2. Street Address (P.O. Box Number is Not Acceptable)			
				B3.			
				B4. City			
				FL B5. Zip Code			

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.01(2)(c) 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 Sections 607.01(2)(b) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/D)	
NAME	PD CARDEN, RODNEY 5500 HOLOPAW ROAD ST CLOUD 34773	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY		3. NAME	
NAME	STD CARDEN, DEANNE L 5500 HOLOPAW ROAD ST CLOUD 34773	4. NAME	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY		6. NAME	
NAME		7. NAME	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
CITY		9. NAME	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY		12. NAME	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY		15. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Section 190.02(1)(b) Florida Statutes. I further certify that the information included in this filing is accurate and complete 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 the report as required by Chapter 127, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or in an attachment with an address.

SIGNATURE: *Rodney E Carden* *Rodney E Carden* *S-15-95 (407) 897-7834*