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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000021206

1. Corporation Name
GKC, INC.

Principal Place of Business
2297 TERRACE DRIVE NORTH
CLEARWATER FL 33625
US

Mailing Address
2237 TERRACE DRIVE NORTH
CLEARWATER FL 34625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1995

4. FEI Number
59-3301746

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 91 LOIS AVE

Suite, Apt. #, etc.

22

City & State

23 INGLIS, FLA

Zip

24 34449

Country

25 LEVY

2a. Mailing Address

26 91 LOIS AVE

Suite, Apt. #, etc.

27

City & State

28 INGLIS, FLA

Zip

29 34449

Country

30 LEVY

9. Name and Address of Current Registered Agent

MAGUIRE, PATRICK T
308 N. BELCHER RD.
CLEARWATER FL 34625

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 D ☒ DELETE

NAME MOSHER, GARY J
STREET ADDRESS 2237 TERRACE DR. N.
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☒ DELETE

NAME MOSHER, ELLEN K
STREET ADDRESS 2237 TERRACE DR. N.
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☒ DELETE

NAME MOSHER, CHRISTOPHER J
STREET ADDRESS 3484 AZALEA PLACE
CITY-ST-ZIP LARGO FL 34641

TITLE VP ☒ DELETE

NAME BOROWSKI, DAVID
STREET ADDRESS 7798 16TH AVE NORTH
CITY-ST-ZIP ST. PETERSBURG 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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME MOSHER, GARY J
1.3 STREET ADDRESS 91 LOIS AVE
1.4 CITY-ST-ZIP INGLIS, FLA 34449

2.1 TITLE SECRETARY ☒ Change ☐ Addition

2.2 NAME MOSHER, ELLEN K
2.3 STREET ADDRESS 91 LOIS AVE
2.4 CITY-ST-ZIP INGLIS, FLA 34449

3.1 TITLE V. PRESIDENT ☒ Change ☐ Addition

3.2 NAME MOSHER, CHRISTOPHER J
3.3 STREET ADDRESS 2256 NORMAN DR.
3.4 CITY-ST-ZIP CLEARWATER, FLA 34625

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME BOROWSKI, DAVID
4.3 STREET ADDRESS 7798 16TH AVE N.
4.4 CITY-ST-ZIP ST PETERSBURG, FLA 33710

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, with all other like empowered.

SIGNATURE: GARY J MOSHER 1/22/99, (352) 447-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)