

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

\$ 225.00

FOR PROFIT BEFORE 8-7-96

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P-95000048948  
1. Corporation Name

*GUARANTEED INTRODUCTIONS, INC.*

Principal Place of Business

Mailing Address

*8192 College Pkwy #30  
FT. MYERS, FL 33919*

3. Date Incorporated or Qualified  
**June 22, 1995**

3a. Date of Last Report  
**First Report**

2. Principal Place of Business  
21 **8192 College Parkway**

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite # 30**

27

City & State

City & State

23 **Ft. Myers, Florida**

28

Zip

Country

Zip

Country

24 **33919**

25

**USA**

29

30

4. FEI Number

**65-0649114**

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

10. Name and Address of New Registered Agent

**Harvey Confer  
1719 Sandy Circle  
Cape Coral, Florida 33904**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. (current) OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President/Treasurer  
Harvey Confer  
1719 Sandy Circle  
Cape Coral, Florida 33904**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President- Tom C. Ledyard  
PO Box 60453/801 Reddish Circle  
Ft. Myers, Florida 33906**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary  
William C. Austin  
6891 Circle Drive  
Ft. Myers, Florida 33905**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

**400001919294  
-08/12/96--01045--047  
\*\*\*225.00**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William C. Austin**

*William C. Austin*

**August 6, 1996 941-694-4560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)