

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000087101**

1. Corporation Name

**GYNEYA AND ASSOCIATES, INC.**

Principal Place of Business

**1151 MARAVISTA DR.  
NEW PORT RICHEY FL 34655**

Mailing Address

**1151 MARAVISTA DR.  
NEW PORT RICHEY FL 34655**

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90009 045 \*\*\*150.00

599183 - 90009 - 43



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1996**

4. FEI Number

**59-3383526**

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.

☒ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

**24**  
Country

**28**  
Zip

**29**  
Country

9. Name and Address of Current Registered Agent

**GYNEYA, JAMES C  
1151 MARAVISTA DR.  
NEW PORT RICHEY FL 34655**

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 **GYNEYA, JAMES C**  
STREET ADDRESS **1151 MARAVISTA DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

599183-9009-45  
P 95000087101



1401 Court Street • Clearwater, Florida 33756  
(727) 446-3058 • FAX (727) 441-1499 • LBRPA@aol.com

Shareholders:

Douglas R. Birch, CPA  
Craig A. Gilman, CPA  
Michael D. Kindt, CPA  
Michael E. Lewis, CPA  
Ronald M. Ricardo, CPA

July 27, 1999

Katherine Harris, Secretary of State  
Florida Department of State  
Division of Corporations  
Annual Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: **Gonyea & Associates, Inc.**

Dear Sirs:

The above-referenced taxpayer received a "second request" for filing their 1999 Profit Corporation Annual Report. The taxpayer did not receive the initial request.

Enclosed find a check in the amount of \$150.00 for the initial filing fee due. We request the \$400.00 penalty be abated since the taxpayer did not receive the initial request. The taxpayer has set up internal controls to ensure that future filings will be filed timely.

Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "MDK", with a checkmark-like flourish at the end.

Michael D. Kindt  
Certified Public Accountant

MDK:lb  
Enclosure

cc: James Gonyea

M:\MyFiles\gonyeados.wpd