## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthago

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092703 (4)

**GOSSETT ENTERPRISES, INC.** 

Principal Place of Business

Mailing Address

4618 TALBOT PLACE SARASOTA FL 34241 4618 TALBOT PLACE SARASOTA FL 34241-6147

## FILED Mar 05 1998 8:00am Secretary of State



|                      |   |                               |                     |   |   | · ·   |                     |                |
|----------------------|---|-------------------------------|---------------------|---|---|---|---------------------|----------------|
|                      |   |                               |                     |   |   | 3. Date Incorporated or Qualified 3a. Date of Last Re 05/01/1995 05/01/1996 |                     |                |
| 2. Principal F       | Place of Business   | 2a. Mailing Ad                | 2a. Mailing Address |   |   | 4. FEI Number   |                     | Applied For    |
| 21                   |   | 26                            |                     |   |   | 65-0634092  |                     | Not Applicable |
| Suite, Apt.          | #, etc.   | Suite, Apt.                   | #, etc.             |   |   | E Continue of Chat is Bushed  |                     | Additional     |
| 22                   |   | 27                            | 27                  |   |   | 5. Certificate of Status Desired  | Fee                 | Required       |
| City & Stat          | le  | City & Stati                  | 9                   |   |   | 6. Election Campaign Financing  | \$5.0               | O May Be       |
| 23                   |   | 28                            |                     |   |   | Trust Fund Contribution   |                     | d to Fees      |
| Zip                  | Country   | Zip                           |                     | Country                                     | ,                                       | 8. This corporation has liability for i                                     |                     |                |
| 24                   | 25  | 29                            | 30                  |   |   | · · · · · · · · · · · · · · · · · · ·                                       | Yes No              | 0. 155.002,    |
|                      | 9. Name and Address of Curr   |                               |                     |   |   | 10. Name and Address of New Re-   |                     |                |
| THE                  | LAW FIRM OF LAWRENCE J S  | SPIEGEL CHRTD                 |                     | 81  | Name                                    |   |                     |                |
| 343 ALMERIA AVENUE   |   |                               |                     |   |   |   |                     |                |
|                      | 82 Street A   |                               | Street A            | Address (P.O. Box Number is Not Acceptable) |   |   |                     |                |
| r 🐧 Lon              | VAL GABLES FL 33134   |                               |                     | 83  | ļ                                       |   |                     |                |
| .,,                  |   |                               |                     | **  |   |   |                     | i              |
| •                    |   |                               |                     | 84  | City                                    |   | FI 85 Zi            | p Code         |
| 11. Pursuant         | to the provisions of Sections 607.05  | 502 and 607.1508. Flo         | rida Statutes, th   | e above                                     | e-named c                               | orporation submits this statement for the p                                 | urpose of changing  | its registered |
| office or i          | registered agent, or both, in the Star<br>im familiar with, and accept the obli | te of Florida. Such cha       | ange was author     | rized by                                    | / the corpo                             | oration's board of directors. I hereby accep                                | t the appointment a | as registered  |
| SIGNATURE            | Signature, typed or printed name of registered a                                | igent and title if applicable | (NOT[ : Regi:       | slered Age                                  | ent signature re                        | quired when reinstating)  | DATE                |                |
| 12.                  |   | ND DIRECTORS                  | 1                   | 13.   |   | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTO     | RS IN 12       |
| TITLE                | PTD   |                               | DELETE 1            | 1.1 TITLE                                   | -                                       |   | Change              | Addition       |
| NAME                 | GOSSETT, JIM  |                               | 1                   | 1.2 NAME                                    |   |   |                     |                |
| STREET ADDRESS       | 4618 TALBOT PLACE   |                               | I ,                 | 1.3 STREET                                  | ADDRESS                                 |   |                     |                |
| CITY-ST-ZIP          | SARASOTA FL 34241   |                               |                     | I.4 CITY-S                                  |   |   |                     |                |
| TITLE                | SO  |                               |                     | 2.1 TITLE                                   | 1-20                                    |   | Change              | Addition       |
| NAME                 | GOSSETT, JOAN   |                               |                     | 2 2 NAME                                    |   |   | onlonge             | 710011011      |
|                      | 4818 TALBOT PLACE   |                               |                     |   | I D D D C C C C C C C C C C C C C C C C |   |                     |                |
| STREET ADDRESS       | SARASOTA FL   |                               | 1                   | 2.3 STREET                                  |   |   |                     |                |
| CITY-ST-ZIP          | SANASOIA FL   |                               |                     | 4 CITY-S                                    | ST-ZIP                                  |   |                     |                |
| TITLE                |   | الما                          |                     | 3 1 TITLE                                   |   |   | Change              | Addition       |
| NAME                 |   |                               | 3                   | 3.2 NAME                                    |   |   |                     |                |
| STREET ADDRESS       |   |                               | 3                   | 3.3 STREET                                  | ADDRESS                                 |   |                     |                |
| CITY - ST - ZIP      |   | ·                             |                     | 3.4. CITY - S                               | ST - ZIP                                |   |                     |                |
| TITLE                |   |                               | DELETE 4            | I.1 TITLE                                   |   |   | ☐ Change            | Addition       |
| NAME                 |   |                               | 1                   | I. 2 NAME                                   |   |   |                     | ľ              |
| STREET ADDRESS       |   |                               | 4                   | 1.3 STREET                                  | ADDRESS                                 |   |                     |                |
| CITY-ST-ZIP          |   |                               | 4                   | I.4 CITY-S                                  | r-ZIP                                   |   |                     | 1              |
| TITLE                |   |                               |                     | 1 TITLE                                     |   |   | ☐ Change            | ☐ Addition     |
| NAME                 |   | <del></del>                   |                     | .2 NAME                                     |   |   |                     |                |
| STREET ADDRESS       |   |                               | _                   | 3 STREET                                    | AUDBESS                                 |   | 5                   | ソファー           |
|                      |   |                               | _                   |   |   |   | 7                   | 3.5            |
| CITY-ST-ZIP<br>TITLE |   | 7 7                           |                     | .4 CITY - S                                 | 1-ZIP                                   |   | Phones              | Addition       |
|                      |   | ا ت                           |                     |   |   | 00000244  | Change              | LI MUDIROII    |
| NAME                 |   |                               |                     | 2 NAME                                      |   | <b>00000244</b><br>-03/06/980104  | 4117                |                |
| STREET ADDRESS       |   |                               | 6                   | .3 STREET                                   | ADDRESS                                 | ***150.00   | · '' & 1            |                |
| CITY-ST-ZIP          | 18  |                               | 6                   | 4 CITY-S                                    | T-ZIP                                   | 4-1-4-1-1-1-1-1   |                     |                |

14. I do 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.

2/10/08 941 379,0040