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**Apr 24 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097233 (7)

1. Corporation Name
GERTHS CONSTRUCTION, INC.



| | | | |
|--|--|---|--|
| Principal Place of Business 420 CANTERBURY LANE GULF BREEZE FL 32561 | | Mailing Address 420 CANTERBURY LANE GULF BREEZE FL 32561-4417 | |
|--|--|---|--|

| | | | |
|--------------------------------|------------------------|---------------------|-----------------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 22 City & State | 27 City & State |
| 23 Zip | 25 Country | 28 Zip | 30 Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/20/1995 | 3a. Date of Last Report 03/07/1996 |
| 4. FEI Number 59-3350528 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**GERTHS, ELIZABETH P
420 CANTERBURY LANE
GULF BREEZE FL 32561**

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 607.0802 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 fee, if applicable) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Elizabeth P. Gerth* 4-17-97 904-932-5016

CR2E034 (9/96)

Gentils Construction Inc.
PA 5000911233

| Assets | Beginning of tax year | | End of tax year | |
|---|-----------------------|-----|-----------------|--------|
| | (a) | (b) | (c) | (d) |
| Cash | | | | 4333 |
| Trade notes and accounts receivable | | | | |
| Less allowance for bad debts | | | | |
| Inventories | | | | |
| U.S. Government obligations | | | | |
| Tax-exempt securities | | | | |
| Other current assets (attach schedule) | | | | |
| Loans to shareholders | | | | |
| Mortgage and real estate loans | | | | |
| Other investments (attach schedule) | | | | |
| Buildings and other depreciable assets | | | | |
| Less accumulated depreciation | | | | |
| Depletable assets | | | | |
| Less accumulated depletion | | | | |
| Land (net of any amortization) | | | | |
| Intangible assets (amortizable only) | | | | |
| Less accumulated amortization | | | | |
| Other assets (attach schedule) | | | | |
| Total assets | | | | 4333 |
| Liabilities and Shareholders' Equity | | | | |
| Accounts payable | | | | |
| Mortgages, notes, bonds payable in less than 1 year | | | | |
| Other current liabilities (attach schedule) | | | | |
| Loans from shareholders | | | | 5620 |
| Mortgages, notes, bonds payable in 1 year or more | | | | |
| Other liabilities (attach schedule) | | | | |
| Capital stock | | | | |
| Paid-in or capital surplus | | | | |
| Retained earnings | | | | (1287) |
| Less cost of treasury stock | | | | |
| Total liabilities and shareholders' equity | | | | 4333 |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (You are not required to complete this schedule if the total assets on line 15, column (d), of Schedule L are less than \$25,000.)

| | | | |
|---|--|--|--|
| 1 Net income (loss) per books | | 5 Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize): | |
| 2 Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize): | | a Tax-exempt interest \$ | |
| 3 Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15e, and 16b (itemize): | | 6 Deductions included on Schedule K, lines 1 through 11a, 15e, and 16b, not charged against book income this year (itemize): | |
| a Depreciation \$ | | a Depreciation \$ | |
| b Travel and entertainment \$ | | | |
| 4 Add lines 1 through 3 | | 7 Add lines 5 and 6 | |
| | | 8 Income (loss) (Schedule K, line 23). Line 4 less line 7 | |

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see page 22 of the instructions)

| | (a) Accumulated adjustments account | (b) Other adjustments account | (c) Shareholders' undistributed taxable income previously taxed |
|---|-------------------------------------|-------------------------------|---|
| Balance at beginning of tax year | | | |
| Ordinary income from page 1, line 21 | | | |
| Other additions | | | |
| Loss from page 1, line 21 | | | |
| Other reductions | | | |
| Combine lines 1 through 5 | | | |
| Distributions other than dividend distributions | | | |
| Balance at end of tax year. Subtract line 7 from line 6 | | | |