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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90234 031 ***150.00

GU SUNGS INCUMPURATED					
Principal Place of Business Mailing Address				• 11861 18111 18404 (1114 e11) 1841	
4839 RANDEE CIRCLE PENSACOLA FL 32526	4839 RANDEE CIRCLE PENSACOLA FL 32526		DO NOT WRITE IN THI	S SPACE	
		_	3. Date Incorporated or Qualifed 03/26/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-3446510	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip Cc	untry	This corporation owes the current year In Personal Property Tax.	ntangible ☐Yes ☐No	
9. Name and Address of 0	Current Registered Agent		10. Name and Address of New Registerer	d Agent	
GOSSMAN, KAREN 4839 RANDEE CIRCLE PENSACOLA FL 32526			82 Street Address (P.O. Box Number is Not Acceptable)		
	•	RA City		DE Zin 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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (h	IOTE: Registered Agent signature requi	ired when reinstating) DATE			
12 .	OFFICERS AND DIRECTORS	13.				
TITLE	P DELETE	1.1 TITLE	Change	Addition		
NAME	GOSSMAN, KAREN	1.2 NAME				
STREET ADDRESS	4839 RANDEE CIRCLE	1.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32526	1.4 CITY+ST-ZIP		<u> </u>		
TITLE	V DELETE	2.1 TITLE	Change	Addition i		
NAME	GOSSMAN, DENNIS R	2.2 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32526	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition		
NAME		4. 2 NAME				
STREET ADDRESS	•	4.3 STREET ADDRESS		r		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		<u> </u>		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	Addition		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP