

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

FILED

Apr 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000044339 (5)**

1. Corporation Name

G.K. FISHER & COMPANY BUILDERS, INC.

Principal Place of Business

**546 - 1ST STREET
VERO BEACH FL 32962**

Mailing Address

**546 - 1ST STREET
VERO BEACH FL 32962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

65-0746352

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**TOOMEY, ROBERT
546 1STR STREET
VERO BEACH FL 32962**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 | <input type="checkbox"/> DELETE |
| NAME | HARRIS, ALAN | |
| STREET ADDRESS | 4104 18TH STREET | |
| CITY-ST-ZIP | VERO BEACH FL 32960 | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | TOOMEY, ROBERT | |
| STREET ADDRESS | 546 1ST ST | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ADAMS, HEIDI | |
| STREET ADDRESS | 315 8TH TERRACE | |
| CITY-ST-ZIP | VERO BEACH FL 32962 | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | FISHER, RICHARD | |
| STREET ADDRESS | 5756 CORPORATE CIRCLE | |
| CITY-ST-ZIP | FT MEYERS FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SEGERT, GARY | |
| STREET ADDRESS | 546 1ST ST | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 checked="" type="checkbox"/> Addition |
| 3.2 NAME | STD DONNA M. PRIETO |
| 3.3 STREET ADDRESS | 546 1ST STREET |
| 3.4 CITY-ST-ZIP | VERO BEACH, FL 32962 |

| | |
|--------------------|---|
| 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 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:

Robert Toomey

Robert Toomey

3/12/98

561-569-2169

CR2E034 (10/97)