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Apr 08 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 # P96000053178 (5)

1. Corporation Name
G & W TAX SERVICE, INC.

Principal Place of Business
4001 CROCKERS LAKE BOULEVARD
APARTMENT 1017
SARASOTA FL 34238

Mailing Address
4001 CROCKERS LAKE BOULEVARD
APARTMENT 1017
SARASOTA FL 34238-5527



3. Date Incorporated or Qualified 06/20/1996
3a. Date of Last Report

2. Principal Place of Business
21 2419 ICECAPADE DR
Suite, Apt. #, etc.
22 City & State
23 SARASOTA FL
Zip Country
24 34240 25 SARASOTA
2a. Mailing Address
26 2419 ICECAPADE DR
Suite, Apt. #, etc.
27 City & State
28 SARASOTA FL
Zip Country
29 34240 30 SARASOTA

4. FEI Number 59-3393288
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLESPIE, MARSHALL G
4001 CROCKERS LAKE BOULEVARD
APARTMENT 1017
SARASOTA FL 34238

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2419 ICECAPADE DR
83
84 City SARASOTA FL 85 Zip Code 34240

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL G GILLESPIE	1.2 NAME	
STREET ADDRESS	2419 ICECAPADE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	1.4 CITY - ST - ZIP	
TITLE	SECRETARY & DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA S GILLESPIE	2.2 NAME	
STREET ADDRESS	2419 ICECAPADE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL 34240	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	

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: Marshall G. Gillespie MARSHALL G GILLESPIE PRESIDENT (941) 379-5301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)