


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064619 (5)**

1. Corporation Name

GORDON PRODUCTS PLUS, INC.

Principal Place of Business

~~8936 CRICHTON WOOD COURT~~
~~ORLANDO FL 32819~~

Mailing Address

~~8936 CRICHTON WOOD COURT~~
~~ORLANDO FL 32819~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

08/01/1996

4. FEI Number

59-3399505

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

21 **3802 Bryn Mawr St.**

Suite, Apt. #, etc.

22 **Suite A**

City & State

23 **Orlando, FL**

Zip

24 **32808**

Country

25 **USA**

2a. Mailing Address

26 **3802 Bryn Mawr St.**

Suite, Apt. #, etc.

27 **Suite A**

City & State

28 **Orlando, FL**

Zip

29 **32808**

Country

30 **USA**

9. Name and Address of Current Registered Agent

PASHA, ELIZABETH S

~~8936 CRICHTON WOOD COURT~~

~~ORLANDO FL 32819~~

10. Name and Address of New Registered Agent

81 Name

Pasha, Elizabeth S.

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

1000 Lakeshore Blvd.

83

84

City

Howey-in-the-Hills, FL

85 Zip Code

34737

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

Elizabeth S. Pasha

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

September 10, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PASHA, ELIZABETH S**

STREET ADDRESS **8936 CRICHTON WOOD COURT**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE

NAME **PASHA, THOMAS A**

STREET ADDRESS **8936 CRICHTON WOOD COURT**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 S. Pasha

Sept 10, 1997

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CR2E034 (4/97)