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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083141 (7)

**GEEKS & GURUS, INC.** 

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					-{		
229 TIDES RD 229 TIDES RD							
WINTER SPRINGS FL 31708 WINTER SPRINGS FL 3			708				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/04/1996	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26	26			<b>59-3423494</b> Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27	• · · · • · · · · · · · · · · · · · · ·			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country Zip		Cour	Country		Trust Fund Contribution	
24	25	29	30	ili y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
[24]	9. Name and Address of Curre		30]		<del></del>	10. Name and Address of New Registered Agent	
JARRETT, DOUG					Name		
229 TIDES RD				92 Chront A		(D.O. Day Museber in Not Accordable)	
WINTER SPRINGS FL 31708				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
1			ľ	83			
				84	City	85 Zip Code	
			ŀ		•	<b>FL</b>   "   `	
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.							
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							
Signature, typed or printed name of registered agent and title if applicable (NOTE Registere  12. OFFICERS AND DIRECTORS  13.					# signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 Tit	1.E		Change Addition	
NAME				1.2 NAME		_ • _	
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE	<b>VP</b> □ DELETE			2.1 TITLE		Change Addition	
NAME	COO E CARDELIA DE		2.2 NA	ME			
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CI	TY-SI	r- ZIP		
TITLE	VP DELETE		3.1 TIT	3.1 TITLE		Change Addition	
NAME	HAWES, GORDON		3.2 NA	ME			
STREET ADDRESS	LONGUEGO PI			3.3 STREET ADORESS			
CITY - ST - ZIP				3.4. CITY-ST-ZIP			
TITLE	ST COANT BOWN	☐ DEFELE	4.1 TIT			Change Addition	
NAME	FRANZ, BRIAN 140 HARROGATE PLACE		4.2 NA				
STREET ADDRESS	LONGWOOD FL				ADORESS		
CITY-ST-ZIP TITLE	LONGITOODIL	DELETE	4.4 CIT 5.1 TIE	-	- 217	☐ Change ☐ Addition	
NAME		C. VILLE	5.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT		l l		
TITLE		DELETE	61 717			Change Addition	
NAME		_	6.2 NAI			_ · · ·	
STREET ADDRESS					ADDRESS .		
CITY-ST-ZIP			6.4 CIT				
	satifuthat the information numbered	The state of the plane and according to				Section 110 07/29/3 Florido Statutas I further contifu that the information	

Indicated on this annual report or supplied with this nimg does not quality 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 eath; 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.

DOUG JAMMEN

407-327-2177