SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

P96000089168 (4)

GEIGER BUILDING CO.

Principal Place of Business Mailing Address

FILED Jul 16 1998 8:00am Secretary of State



9250 NORTH S6TH STREET TAMPA FL 33617		9250 NORTH 56TH STREET TAMPA FL 33617				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/28/1996
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-3410158 Not Applicable \$8.75 Additional Fee Required
City & State		City & State		**************************************	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip [29]	Country 30		,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		· · · · ·	T -= :	10. Name and Address of New Registered Agent
GOTTLIEB & GOTTLIEB, P.A.				81 Name		
sun	5 Enterprise road Te 100			82	Street Add	ress (P.O. Box Number is Not Acceptable)
CLE	ARWATER FL 34623		İ	83		
				84	City	FL 85 Zip Code
SIGNATURE	Signature, lyped or printed name of registered agent	and title if applicable. (I	NOTE: Register			oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered quired when relinstating) OATE
12.	OFFICERS AND	·····	13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	D CEIDED EDED A	L DELETE	1.1 TITL			Change Addition
STREET ADDRESS	GEIGER, FRED A 9250 NORTH 56TH STREET		1.2 NAM		ADDRESS	
City-ST-ZIP	TAMPA FL 33617		1.4 CIT			
TITLE		DELETE	2.1 TITE			Change Addition
NAME		<u> </u>	2.2 NAM	ΛE		the control of the co
STREET ADDRESS			2.3 STR	EET.	ADDRESS	
CITY-ST-ZIP			2.4 CIT		-ZIP	
TITLE NAME		☐ DELETE	3.1 TITL			Change Additio
STREET ADDRESS			3.2 NAA 3.3 STD		ADDRESS	
CITY-ST-ZIP			3.4 CITY			
TITLE		DELETE	4.1 T(TL			Change Additio
NAME			4.2 NAN	Æ		
STREET ADDRESS			4.3 STR	EET	ADDRESS	
CITY-ST-ZIP			4.4 CITY		-ZIP	
TITLE		DELETE	5.1 TITL			Change Additio
NAME			5.2 NAM	-		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE			5.4 CITY 6.1 TITL		-ZIP	
NAME		☐ DELETE	6.2 NAM			Change Additio
STREET ADDRESS					ADDRESS	
CITY-ST-7ID	•		6.4 CITS			

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 frustee 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 of an attachment with an address.

7/0/00

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