

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90045 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000091690**

1. Corporation Name

**GEBO CORPORATION USA**

Principal Place of Business

**6012 31ST ST E  
BRADENTON FL 34203**

Mailing Address

**6012 31ST ST E  
BRADENTON FL 34203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1996**

4. FEI Number

**65-0709798**

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **6015 31ST ST. E.**

27 **6015 31ST ST. E.**

23 City & State

28 City & State

24 Zip 25 County

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**MILONAS, TASO M  
1819 MAIN ST  
SUITE 1100  
SARASOTA FL 34236**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME **D  
LESPoux, THIERRY**

1.2 NAME

STREET ADDRESS: **1045 AUTOROUTE CHOMEDEY**

1.3 STREET ADDRESS

CITY-STATE-ZIP: **LAVAL QUEBEC CANADA H7W 4V3**

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME **P  
AURY, MARC**

2.2 NAME

STREET ADDRESS: **8323 62ND CT. EAST**

2.3 STREET ADDRESS

CITY-STATE-ZIP: **SARASOTA FL**

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS:

3.3 STREET ADDRESS

CITY-STATE-ZIP:

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS:

4.3 STREET ADDRESS

CITY-STATE-ZIP:

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS:

5.3 STREET ADDRESS

CITY-STATE-ZIP:

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS:

6.3 STREET ADDRESS

CITY-STATE-ZIP:

6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)