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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # GERDING INC.

P96000098155 (0)

Principal Place of Business

Mailing Address

9012 DEGAS COLURT

FILED Apr 15 1998 8:00am Secretary of State



בכוניבעה שמלעליי

JACKSONVILLE FL 32277			JACKSONVILLE FL 32277							DO N	JOT WRITE	IN THIS	SPACE						
										3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							٦	
													12/05/1996	Q					1
2.	2. Principal Place of Business					2a. Mailing Address					4		El Number	·			Ap	olied For	┪
21	яĪ				26	26					•		59-3412969			<u> </u>		Applicable	Ή.
Suite, Apt. #, etc.				1-7	Suite, Apt. #, etc.					\$9.75 Augus							1		
22			27	27					5. Certificate of Status Desired Fee Required							1			
City & State					City & State					6.	3. E	lection Campaign Fi	nancing		\$5.	.00	May Be	1	
23	3			26	28					•	Trust Fund Contribution				Added to Fees				
	Zip	Country				Zip C			Country). Ti	his corporation owe	s or has pa	aid the cur				٦
24		25			29							Personal Property Tax due June 30. 🔀 Yes						No	
9. Name and Address of Current Registered Age													lame and Address	dress of New Registered Agent]
		e rdin g, al						8	1	Name									
8012 De gas court									82 Street Add		ddress (P.O. Box Number is Not Acceptable)							-	
	JA	icksonvill	LE FL 3227	7															╛
								8	3										٦
									4	City						85	Zip C	ode	┨
									1	Oity					FL		zip C	.006	1
11	Pursuant 1	to the provis	ions of Section	ns 607.050	2 and 6	07.1508, Flor	rida Sta tute	s, the abo	ve	named	corporation	ọn s	submits this stateme ard of directors. I he	nt for the p	ourpose of	changi	ng its	registered	1
	agent. La	egistereo ag m familiar wi	jent, or both, ith, and accep	in the State of the oblig	e or Fiori ations o	da. Such cha if, Section 60	inge was at 7.0505, Flor	utnorizea rida Statul	by es.	tne corp	poration's	boa	ard of directors. I he	reby acce	pt the app	ointmen	t as r	egistered	-
SIC	SNATURE			_															1
		Signature, typed	or printed name o				(NO1E	Registered A	gen	t signature	required whee	en rei	instating)		DATE				_ _
12			OFI	FICERS AN	D DIREC			13.				AD	DITIONS/CHANGES	TO OFFIC	CERS AND	_]
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CITY	'-ST-ZIP							6.4 CITY	ST-	ZIP									1

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 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. 904-

Mandenia Knowski & Conning