**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016953

1. Corporation Name

GUNN ALLEN HOLDINGS, INC.

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90083 013 \*\*\*150.00



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Principal Place	e of Business	Mailing A	ddress			-		, ,, <u>e ,e,,, ,e</u> ,,, ,e,,,, e				
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TAMPA FL 33607 TAMPA FL 33607						DO NOT WRITE IN THIS SPACE						
				,			3. Date Incorpo 02/19/19	orated or Qualifed 97				
2. Principal P	lace of Business	2a. Mailin	g Address				4. FEI Number			1	Applied Fo	<u>-  </u>
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Suite, Apt.			Apt. #, etc.	<del> </del>	<del></del>		-5. Certificate of	Status Desired	المحادثات المستحد	·	Additions Required	1== =
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City & Stat	te	. 28 City &	State				6. Election Car Trust Fund 6	mpaign Financing Contribution			May Be d to Fees	
Zip	Country 25	Zip 29	[3	Coun	try		8. This corpora Personal Pro	ition owes the cur operty Tax.	rent year Inta	ingible Yes	<b>X</b> •	
	9. Name and Address of Currer	nt Registered A	Agent				10. Name and	Address of New	Registered /	Agent		
0111	IN DOMAIO LID				31 Nam	e		•				
	N, DONALD J JR			.	32 Stree	et Addres	ss (P.O. Box Num	ber is Not Accept	table)			
	5 N WESTSHORE BLVD		• .				· · · · · · · · · · · · · · · · · · ·	·				
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IAM	IPA FL 33607			+	34 City			<u> </u>		85 Zip	Code	
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.150	8, Florida Statutes	s, the ab	ove-name	ed corpor	ration submits this	s statement for the	purpose of one of the proposition in the propositio	changing i itment as	ts register registered	ed
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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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP