PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043801

1. Corporation Name

GASLINE SURVEYS, INC.

Principal Place of Business

3825 26TH ST. WEST **BRADENTON FL 34205** Mailing Addres

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90016 020 ***150.00



usiness	Mailing Address			
5	P.O BOX 3319 SARASOTA FL 34230 US		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed 05/13/1997	
f Business	2a. Mailing Address		4. FEI Number	Applied For
WHITFIELD	26		65-0755782	Not Applicable
PARK LOOK	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		6-Election Cempaign Financing	-\$5.00 May Be
ASOTA FI	28		Trust Fund Contribution	Added to Fees
Country	Zip	Country	8. This corporation owes the current year In	tangible
25 //5/	9 29 3		Personal Property Tax.	Yes □No
Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent
THOMAS D	,	81 Name 82 Street Addr	HOMAS D. YANWA POS IS Q. Box Number is Not Acceptable A	/
1 ST. WEST			133 WHITFIELD F	acklose
ON FL 34205		83		
		84 City a	<i>rasoya</i> Fl	. 85 <i>34243</i>

3825	WAY, THOMAS D 26TH ST. WEST DENTON FL 34205	81 Name 82 Street 83 84 City		FL 85 34	400P
11 Pursuant t	to the provisions of Sections 607.0502 and 607.1508, Florida Sta	atutes, the above-named	corporation submits this statement	for the purpose of changing its	registered
office or re	to the provisions of Sections 607, 1902 and 607, 1904, Frontal segistored area to poth of both of the State of Florida. Such change was a familiar with language of the obligations of, Section 607,0505,	is authorized by the corp	oration's board of directors. I hereby	accept the appointment as reg	gistered
	In Millian William Caron line obligations of, Section con 1990,	riorida Otatates.		21 100 100	Ì
SIGNATURE 1	Signature, typed or printed name of legistered agent and title if applicable. (N	IOTE: Registered Agent signature		Diffie 17-1	
12.	OFFICERS AND DIRECTORS	13.		TO OFFICERS AND DIRECTO	
TITLE	D DELETE	. 1.1 TITLÉ	THOMAS D. HAND 1933 WHITFIE Sangsya 71	Change Change	Addition
NAME	HANWAY, THOMAS D	1.2 NAME	1023 I. HITPIE	LOPARK LOOP	
STREET ADDRESS	3825 26TH ST. WEST	1.3 STREET ADDRESS	7435 0000	21/21/2	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	Sarasoya 11	34243	- Addison
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	HALLER, DAVID P	2.2 NAME			ì
STREET ADDRESS	49 LORD TERRACE	2.3 STREET ADDRESS			Į
CITY-ST-ZIP	CHICOPEE MA 01020	2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	
NAME		3.2 NAME			1.
STREET ADDRESS		3.3 STREET ADDRESS]	•	l
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS	İ		
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE		1	Change	Addition
NAME		5.2 NAME			{
STREET ADDRESS		5.3 STREET ADDRESS	1		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			- Address
TITLE	☐ DELETE			Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY OT 7ID		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 chapted to proma attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)