

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).

FILED

Aug 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054148 (6)

1. Corporation Name
GAKCO, INC.

Principal Place of Business
2501 S W ESTELLA TERRACE
PALM CITY FL 33990

Mailing Address
2501 S W ESTELLA TERRACE
PALM CITY FL 33990



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1997

4. FEI Number

65-0792132

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes ☒ No ☐

2. Principal Place of Business

21 2501 Estella Terr.

Suite, Apt. #, etc.

22 City & State

23 Palm City, FL

Zip Country

24 34990

25

2a. Mailing Address

26 P.O. Box 1902

Suite, Apt. #, etc.

27 City & State

28 Palm City, FL

Zip Country

29 34991

30

9. Name and Address of Current Registered Agent

PAINE, JEFFREY
200 S AUSTRALIAN AVE
SUITE 120
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE PSD ☐ DELETE

NAME DEGGELLER, GREG
STREET ADDRESS P.O. BOX 1902
CITY-ST-ZIP PALM CITY FL 33991

TITLE VTD ☐ DELETE

NAME DEGGELLER, KELLY A
STREET ADDRESS P.O. BOX 1902
CITY-ST-ZIP PALM CITY FL 33991

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☐ Change ☒ Addition

1.2 NAME Greg Deggeller
1.3 STREET ADDRESS 2501 SW ESTELLA TERR
1.4 CITY-ST-ZIP PALM CITY, FL

2.1 TITLE VTD ☐ Change ☒ Addition

2.2 NAME Kelly Deggeller
2.3 STREET ADDRESS 2501 SW ESTELLA TERR.
2.4 CITY-ST-ZIP PALM CITY, FL 34991

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***150.00

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.

SIGNATURE:

Handwritten signature

Handwritten date 7/23/00

Handwritten number 514-283-5203

CR2E034 (5/98)