

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

FILED

Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000073954 (4)

1. Corporation Name

GECKO GRAPHICS, INC.

Principal Place of Business

3816 NO NAME ROAD  
BIG PINE KEY FL 33043

Mailing Address

3816 NO NAME ROAD  
BIG PINE KEY FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

65-0797774

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

1. Principal Place of Business

21 3813 Gillot Rd

Suite, Apt. #, etc

22 City & State

23 Big Pine Key, Fla

24 Zip 33043

25 Country USA

2. Mailing Address

26 3813 Gillot Rd

Suite, Apt. #, etc

27 City & State

28 Big Pine Key, FLA

29 Zip 33043

30 Country USA

9. Name and Address of Current Registered Agent

ERSKINE, LARRY R  
31211 AVENUE A  
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name

Lisa Upshaw

82

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

3813 Gillot Rd

83

84

Big Pine Key

FL

85

Zip Code 33043

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

Lisa Upshaw (Lisa Upshaw)

4/13/98

Signature of type of person authorized to register (Type "Applicable" if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPS  
UPSHAW, LISA  
STREET ADDRESS 3816 NO NAME ROAD  
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ☐ DELETE

NAME DVT  
UPSHAW, TYLER  
STREET ADDRESS 3816 NO NAME ROAD  
CITY-ST-ZIP BIG PINE KEY FL 33043

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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 changing, or on an attachment with an address.

SIGNATURE:

Lisa Upshaw

4/13/98 (305)515-0054

CR2E034 (10/97)