

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR INFORMATION CHANGE

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

99 Amended

FILED
99 OCT 27 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090881**

1. Corporation Name
THE G.K. FISHER CO OF TAMPA, INC

Principal Place of Business Mailing Address

**546 1st STREET
VERO BEACH, FL 32962**

\$61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10-17-97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3441240	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	ALAN P HARRIS	546 1 st STREET	VERO BCH, FL 32962
S/M	HEIDI ADAMS	546 1 st STREET	VERO BCH, FL 32962

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****995.00 *****61.25**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DONNA PRIETO 546 1st STREET VERO BCH, FL 32962		Name HEIDI ADAMS	
		Street Address (P.O. Box Number is Not Acceptable) 546 1st STREET	
		Suite, Apt. #, Etc.	
		City VERO BCH	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Heidi Adams** Date **10-26-99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. All fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Heidi Adams** **HEIDI ADAMS** **10-26-99** **569-2169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #