PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000095086

1. Corpo ation Name

CHAD GOSK SERVICES, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90160 046 ***150.00



Principal Place of Business	Mailing Address		i shandar sin ikini tanti danir an	fif Mittie distin enine Arrie n	TOTAL SEED MISS SOME
7931 PORTAGE DR	7931 PORTAGE DR				
PT RICHEY FL 34668	PT RICHEY FL 34668		DO NOT MID!	TE IN THIS SPACE	
US	US		3. Date ncorporated or Qualifed	TE IN 1 113 SPACE	
			11/05/1997		Į
2. Principal Place of Business.	2a. Mailing Address	1 1 1 1	4 EEI Number		Applied For
27 11618 Meredithha	26 11618 Mes	edith LN	59-3483607		Not Applicable
Suite, /vpt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional
22	27		5. Cermate of Status Desired	Fee	Required
23 Port Richey	28 Port Riche	ey Fl	6. Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ed to Fees
Zip 34668 25 11 SA	Zip 29 34668 3	Country	This corporation owes the currence Personal Property Tax.	ent year Intangible	□No
9. Name and Address of Curren	- 	·	10. Name and Address of New F	tegistered Agent	
		81 Name			
GOSK, CHAD		82 Street Addre	ess (P.O. Box Number is Not Accepta	nh(a)	
13816 COCO AVENUE		1/10		Zane	
HUDSON FL 34667		83			
		84 City 12		85 Z	'in Code
		84 City 12	or+ Richey_	FL S	1 R2614
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508, Florida Statt tes	, the above-named corpo	oration submits this statement for the	purpose of changing	its registered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	ো Florida. Such change was এটা it ons of, Section 607.0505, Florid	nonzed by the corporatio la Statutes.	on's poard of directors, I hereby accep	it the apt ointment as	s registered
SIGNATURE					
Signature, typed or printed name of registered age	nt and title if applicable. (NOT E: Re	egistered Agent signature required	when reinstating)	DATE	
	I() DIRECTORS	13.	ADDITIONS/CHANGES TO OF		
TITLE D	☐ DELETE	1.1 TITLE		Chan	-
NAME GOSK, CHAD		1.2 NAME		1 . 7	
STREET ADDRE SS 13816 COCO AVENUE		13 STREET ADDRESS	1618 METERITI	$\frac{1}{2}$	100
CITY-ST-ZIP HUDSON FL 34667		1.4 CITY-ST-ZIP	1618 Heredith Port-Richey	<u> FL 340</u>	200
TITLE	☐ DELETE	2.1 TITLE	9	Chan	ge L Addition
NAME		2.2 NAME			
STREET ADDRE 3S		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			Clades
TITLE	DELETE	3.1 TITLE		☐ Chan	ge Addition
NAME		3.2 NAME			
STREET ADDRESS		33 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			an Taddin-
TITLE	☐ DELETE	4.1 TITLE		☐ Chan	ige Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			}
CITY-ST-ZIP	[7] AF: #F	4.4 CITY-ST-ZIP			Addition
TITLE	☐ DELETE	51TITLE		Chan	ige Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP 6.5 TITLE		☐ Chari	ge Addition
TITLE	☐ DELETE			☐ Chan	ae T Wagiing
NAME		6.2 NAME			
STREET ADDRES 3		6.3 STREET ADDRESS			1
C/TY-ST-ZIP		6.4 CITY-ST-ZIP			

14. 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 uncer 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.

SIGNATURE:

HOLD CHILD GOSK

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