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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104921

1. Corporation Name

GERRITY FLORIDA, INC.

Principal Place of Business

**54 FAIRMOUNT AVENUE
BROOKLINE MA 02146**

Mailing Address

**54 FAIRMOUNT AVENUE
BROOKLINE MA 02146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1997

4. FEI Number

58-2366394

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Three Center Plaza

2a. Mailing Address

26 Three Center Plaza

Suite, Apt. #, etc.

Suite 410

Suite, Apt. #, etc.

Suite 410

City & State

23 BOSTON MA

City & State

28 Boston Ma.

Zip

24 02108

Country

25 USA

Zip

29 02108

Country

30 USA

9. Name and Address of Current Registered Agent

**WHITMIRE, DRENNEN L JR
500 S. AUSTRALIAN AVENUE
CLEARLAKE PLAZA, SUITE 800
W 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 ☐ DELETE
NAME **DPT**
STREET ADDRESS **GERRITY, JOSEPH W**
CITY-ST-ZIP **1325 ROSEHILL BLVD.
NOSKAYUNA NY 12309**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GERRITY, ROBERT T**
CITY-ST-ZIP **90 GOULD ROAD
CHATHAM CENTER NY 12184**

TITLE ☐ DELETE
NAME **DVS**
STREET ADDRESS **GERRITY, DANIEL W**
CITY-ST-ZIP **54 FAIRMOUNT AVENUE
BROOKLINE MA 02146**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHASE, SUSAN G**
CITY-ST-ZIP **156 BRYAN ROAD
STOWE VT 05672**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HOLLAND, CYNTHIA G**
CITY-ST-ZIP **21 RIDGEWOOD ROAD
ROWAYTON CT 06853**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ACHILLES, NANCY G**
CITY-ST-ZIP **40 OLD BROWNTOWN LANE
FLINTHILL VA 22627**

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **2 Bittersweet Trail**
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

6173231877

CR2E034 (11/98)