

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000010618**

1. Corporation Name

**CARY GORSLINE PRESENTS, INC.**

Principal Place of Business

**13724 THATCHER CT. V-6  
FT. MYERS FL 33919**

Mailing Address

**13724 THATCHER CT. V-6  
FT. MYERS FL 33919**

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90015 030 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/16/1998**

FEI Number

**65-0805521**

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.

☒ Yes

☐ No

2. Principal Place of Business

**21 13721 Markham Ln**

Suite, Apt. #, etc.

**22 #0-1**

City & State

**23 Ft. Myers, FL**

Zip

**24 33919**

Country

**25 USA**

2a. Mailing Address **Dana L. Black PA**

**26 20609 NE 6th Court**

Suite, Apt. #, etc.

**27**

City & State

**28 Miami FL**

Zip

**29 33179**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**BLACK, DANA L  
20609 NE 6TH CT.  
MIAMI FL 33179**

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 **D** ☐ DELETE

NAME **GORSLINE, CARYL J**  
STREET ADDRESS **13724 THATCHER CT. V-6**  
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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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 **CARYL J. GORSLINE**

1.3 STREET ADDRESS **13721 Markham Lane #0-1**

1.4 CITY-ST-ZIP **Ft. Myers, FL 33919**

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 changed, or on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

**9/14/99**

0037794

CR2E034 (5/99)