PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000018414

1. Corporation Name

GOTTSCHALK, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90141 049 ***150.00



Principal Place of Business Mailing Address					
P.O. BOX 363 P.O. BOX 363					
LAND O'LAKES	6 FL 34639	LAND O'LAKES FL 34639			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
:			<u>. </u>		02/25/1998
2. Principal P	lace of Business	2a. Mailing Address	ن ٠ سـ	٠ ــ .	4. FEI Number Applied For
21		26			59 - 34 9 801 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Country	y	8. This corporation owes the current year Intangible
24	25		<u> </u>		Personal Property Tax.
	9. Name and Address of Current	Registered Agent		3 44	10. Name and Address of New Registered Agent
COT	TOOURIN DETERM		81	Name	
	TSCHALK, PETER M	82 Stree		Street A	Address (P.O. Box Number is Not Acceptable)
_	KING LAKE DR.			<u> </u>	
LANI	D O'LAKES FL 34639		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					
office or n	egistered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 607.0505, Florida	onzed by a Statute:	rule compo 5.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	, ,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature re	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOTTSCHALK, PETER M		1.2 NAME	Į	
STREET ADDRESS	4824 KING LAKE DR.		1.3 STREE	TADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34639		1.4 CITY-5	ST-ZIP	
MLE		. DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME:			2.2 NAME	ţ	}
`STREET ADDRESS	n was per long them with		2.3 STREE	TADORESS	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	
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NAME	}		3.2 NAME	-	
STREET ADDRESS				TADDRESS	
Ì			3.4. C/TY-	1	}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	U. · Life	Change
			4. 2 NAME	Ì	
NAME				T AODRESS	
STREET ADDRESS)
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	51-ZIP	Change Addition
TITLE		רי) הברבוב	5.1 TITLE 5.2 NAME	}	Contained Discontinuity
NAME				TIPPECA	
STREET ADDRESS				T ADDRESS	1
CITY-ST-ZIP	<u></u>		5.4 CITY-S	ST-ZIP	
TITLE :	AND THE TOP	☐ DELETE	6.1 TITLE	ĺ	Change Addition
NAME			6.2 NAME		
STREET ADDRESS	18 2 - W. W 17 2 2 2 38		6.3 STREE	T ADDRESS	
CITY_ST_7ID		i	6.4 CITY-S	T-ZIP	1

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 opporation of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: