

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90033 012 ***150.00

DOCUMENT # P98000029132

1. Corporation Name
GISELA WATSON, INC.

Principal Place of Business

8831 111TH ST N
SEMINOLE FL 33772

Mailing Address

8831 111TH ST N
SEMINOLE FL 33772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/27/1998

4. FEI Number
59-3501360

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 1118 90 Terrace N
Suite, Apt. #, etc.

22 Seminole FL

City & State

23 33772

Zip

Country

2a. Mailing Address

26 1118 90 terrace N
Suite, Apt. #, etc.

27 Seminole FL

City & State

28 33772

Zip

Country

9. Name and Address of Current Registered Agent

WATSON, GISELA
8831 111TH ST N
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name GISELA WATSON
82 Street Address (P.O. Box Number is Not Acceptable)
1118 90 terrace N
83 Seminole
84 City
85 Zip Code FL 33772

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 GISELA WATSON Director

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/7/99

FL 33772

12. OFFICERS AND DIRECTORS

TITLE D
NAME WATSON, GISELA M
STREET ADDRESS 8831 111TH ST N
CITY-ST-ZIP SEMINOLE FL 33772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME
1.2 NAME SAME
1.3 STREET ADDRESS 1118 90 terrace N.
1.4 CITY-ST-ZIP Seminole FL 33772

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

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 127 399 8021

Date

Daytime Phone #

CR2E034 (11/98)