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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000046692**1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90149 035 ***150.00

BARBAR	A L. GUDGEL, INC.					
					<u> </u>	
					<u> </u>) 6) 7
Principal Place	e of Business	Mailing Address				
2661 OSAKA D	RIVE	POST OFFICE BOX 8448				
CLEARWATER F	FL 33764-1010	CLEARWATER FL 33758		DO NOT WRIT	E IN THIS SPACE	
			· · ·	3. Date Incorporated or Qualifed	2117 1110 07 1102	
				05/21/1998		ľ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21 200	CEVERA Drive	26 200 CEVER	ea Drive	59-35/14	/9 No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		5. 35/1.031	Fee Re	
Çity & Stat	PDIN Florida	City & State	FLorida	6. Election Campaign Financing	\$5.00	
23 100	1 20% 1CM	28 100000000		- 	Added to	o Fees
- Zip 24/	GQ Country	34698 B	Country)SA	This corporation owes the curre Personal Property Tax.		□No
24 296	9. Name and Address of Current			10. Name and Address of New R		
	3. Hame and Address of Carrent	Tragiotero a rigoria	81 Name	RACCACA I C	sh al	
GUD	igel, Barbara L			Driednych L. GC	<u> </u>	
2661 OSAKA DRIVE			82 Street Addr	ress (P.O. Box Number is Not Accepta	DRIVE	}
CLE	ARWATER FL 33764-1010		83			
ĺ					ne Zin (20do
			84 City	DUNEDIN	FL 👸学と	78 <i>9</i> 8
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 applicable the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE	DARLAYA J	Gudoel it	resident		teb 12 1	999
SIGNATORE	Signature, typed or printed name of registered agent		egistered Agent signature require		DATE	20 11 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	Addition 3
TITLE	ZARRACA (CORG	☐ DELETE	1.1 TITLE			7.00.00.1
NAME	BARBAYA L. GUDG 200 CEVERE D'IV	1e.	1.2 NAME			} ;
STREET ADDRESS	DUNEDIN FL	24/68	1.3 STREET ADDRESS			}
CITY-ST-ZIP TITLE	DUCDIN, IC	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
NAME		<u> </u>	2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			[
TITLE		☐ DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			1
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		[] Char	T Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			}
L OUTS COT THE	I .		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, 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 trustee empowered to execute this report as required by Chapter 607, 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 trustee empowered to execute this report as required by Chapter 607, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this same legal effect as if made under oath; that I am an officer or director of the corporation of the corporatio

SIGNATURE: