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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 # P98000050795

1. Corporation Name
GECKO, INC.

Principal Place of Business
**4407 S. SEMORAN BLVD. #2
ORLANDO FL 32822**

Mailing Address
**4407 S. SEMORAN BLVD. #2
ORLANDO FL 32822**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

59-3517190

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 **4700 Lenmore st.**

Suite, Apt. #, etc.

22

23 **Orlando, FL**

Zip Country

24 **32812** 25 **Orange**

2a. Mailing Address

26 **4700 Lenmore st.**

Suite, Apt. #, etc.

27

28 **Orlando, FL**

Zip Country

29 **32812** 30 **Orange**

9. Name and Address of Current Registered Agent

**LEWIS, TRAVIS E
4407 S. SEMORAN BLVD. #2
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name

Lewis, Travis E.

82 Street Address (P.O. Box Number is Not Acceptable)

4700 Lenmore St.

83

84 City

Orlando

FL

85 Zip Code

32812

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 ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President (P)

☒ Change

☐ Addition

1.2 NAME

Travis Lewis

1.3 STREET ADDRESS

4700 Lenmore St.

1.4 CITY-ST-ZIP

Orlando, FL 32812

2.1 TITLE

Treasurer (T)

☒ Change

☐ Addition

2.2 NAME

Jason Muellenbach

2.3 STREET ADDRESS

4700 Lenmore St.

2.4 CITY-ST-ZIP

Orlando, FL 32812

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

Travis Lewis
President

1/22/99

Date

(407)381-2177

Daytime Phone #

CR2E034 (11/98)