

DOCUMENT # P99000093386

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90044 002 \*\*\*150.00

1. Entity Name
GESSNER & COMPANY, INC.

Principal Place of Business
3390 W. CEDARBROOK CT.
LECANTO FL 34461
Mailing Address
3390 W. CEDARBROOK CT.
LECANTO FL 34461



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3399 W PEBBLE BEACH CT.
Suite, Apt. #, etc.
3. Mailing Address
3399 W PEBBLE BEACH CT.
Suite, Apt. #, etc.

City & State
LECANTO FL
Country
USA
Zip
34461

4. FEI Number 87-0527477
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GESSNER, DONALD R
3390 W. CEDARBROOK CT.
LECANTO FL 34461

7. Name and Address of New Registered Agent
Name
Donald R. Gessner
Street Address (if different from above)
3399 W. Pebble Beach Ct.
Lecanto, FL 34461
City
FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE [Signature] DATE 1/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Donald R. Gessner and Stephanie M. Gessner.

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/9/01 DAYTIME PHONE # (352) 527-7497

CR2E034 (10/00)