

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 23 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07895 (3)

1. Corporation Name:

GELLER CONSTRUCTION CORPORATION

Principal Place of Business

40 NORTHEAST 44TH AVENUE
OCALA FL 34470
US

Mailing Address

40 NORTHEAST 44TH AVENUE
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3034551

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 3925 SE 45th Ct

Suite, Apt. #, etc.

22 Unit 'C'

City & State

23 Ocala, Florida

Zip

24 34471

Country

25 Marion

2a. Mailing Address

26 4804 SE 14th St

Suite, Apt. #, etc.

27

City & State

28 Ocala, Florida

Zip

29 34471

Country

30 Marion

8. Name and Address of Current Registered Agent

GELLER, GREGORY
40 NORTHEAST 44TH AVENUE
OCALA FL 32871

10. Name and Address of New Registered Agent

81 Name

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

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 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

TITLE D
NAME GELLER, TERRANCE F.
STREET ADDRESS 6817 DEER SPRINGS ROAD
CITY - ST - ZIP KEYSTONE HGHTS. FL

TITLE D
NAME GELLER, GREGORY
STREET ADDRESS 40 NORTHEAST 44TH AVENUE
CITY - ST - ZIP Ocala FL

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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE D
22 NAME GELLER, GREGORY
23 STREET ADDRESS 4804 Southeast 14th Street
24 CITY - ST - ZIP Ocala, Florida 34471

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

200001522792

-06/26/95--01028--018

*****200.00 *****200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Geller

June 12, 1995 (904) 694-3444

(Date)

(Daytime Phone)

CR2E034 (3/95)