

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S07895** (3)
1. Corporation Name
GELLER CONSTRUCTION CORPORATION



Principal Place of Business

3925 SE 45TH CT.
UNIT C
OCALA FL 34471
US

Mailing Address

4804 SE 14TH ST.
OCALA FL 34471

2. Principal Place of Business

21 2303 N.E. 36th Avenue

Suite, Apt. #, etc.

22 City & State

23 Ocala, Florida

24 Zip

34470

25 Country

USA

2a. Mailing Address

26 2303 N.E. 36th Avenue

Suite, Apt. #, etc.

27 City & State

28 Ocala, Florida

29 Zip

34470

30 Country

USA

3. Date Incorporated or Qualified

10/05/1990

3a. Date of Last Report

06/23/1995

4. FEI Number

59-3034551

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GELLER, GREGORY
40 NORTHEAST 44TH AVENUE
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name

GELLER, GREGORY

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

4804 S.E. 14th Street

83

84 City

Ocala

FL

85 Zip Code

34471

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D ☐ DELETE
NAME GELLER, GREGORY
STREET ADDRESS 4804 SE 14TH ST.
CITY- ST- ZIP Ocala FL 34471

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

2 11 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

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 119.07(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:

Gregory A. Geller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory A. Geller 04/04/96 (352) 622-8945

Date

Daytime Phone #

CR2E034 (12/95)