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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 # S38597

1. Corporation Name

GSI PUBLISHERS, INC.

Principal Place of Business

133 E. CENTRAL AVE
P.O. BOX 125
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

P O BOX 125
HOWEY-IN-THE-HILLS FL 34737
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1991

4. FEI Number

59-3065590

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, FRED R.
1101 N TANGERINE AVE
HOWEY-IN-THE-HILLS FL 34737

81 Name

GRAY, FRED R

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

1115 N LAKESHORE DR

83

84 City

HOWEY-IN-THE-HILLS

FL

85 Zip Code

34737

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)

3/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GRAY, FRED R.
STREET ADDRESS 1101 N TANGERINE AVE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL

☐ DELETE

TITLE STD
NAME GRAY, SUZANNE J.
STREET ADDRESS 1101 N TANGERINE AVE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE PD
1.2 NAME GRAY, FRED R.
1.3 STREET ADDRESS 1115 N LAKESHORE DR
1.4 CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

☒ Change ☐ Addition

2.1 TITLE STD
2.2 NAME GRAY, SUZANNE J.
2.3 STREET ADDRESS 1115 N LAKESHORE DR
2.4 CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3/29/99

Date

352-321-2220

Daytime Phone #

CR2E034 (11/98)