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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90096 036 \*\*\*150.00

## DOCUMENT # S52980 1. Corporation Name GOMBERT, INC.

GOMBEF	RT, INC.								
Principal Place	e of Business	Mailing Address				- I leditate ret urtid tibre (bret leint wert eiert	<b>,,,,,,,,,,,,</b>	<b>                                    </b>	iti ninit isat
9395 PHILLIPS HWY 9395 PHILLIPS HWY. JAX FL 32256 JACKSONVILLE FL 32256-1311 US US			1311			DO NOT WRITE IN THIS	SPAC	E	
						3. Date Incorporated or Qualifed 05/14/1991			
2 Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number		Appl	lied For
21		26				59-3068223		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	. <b>75</b> Ac	ditional uired
22 City 9 State	<del></del>	City & State	<u></u>			6. Election Campaign Financing		<u> </u>	
City & State City & State 28						Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Ir			7100
24	25	29	30			Personal Property Tax.	Ye		]No
	9. Name and Address of Current	Registered Agent		04	Nome	10. Name and Address of New Registered	Agent		
RAY,	, THOMAS P	·	l		Name	(DO D. Al . A Ald A			
C/O HOLBROOK, AKEL, COLD, STIEFEL, RAY					Street Addre	ess (P.O. Box Number is Not Acceptable)			
	DEPENDENT DRIVE, SUITE 2301 FL 32202			83			10-1	7:- 0	4-
				84	City	FI	_  85	Zip Co	one
f office or r	registered agent, or both, in the State o	of Florida. Such change was :	autnorized	ง ยง เก	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f chang intment	ing its r : as regi	egistered istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Stati.	utes.			_		
agent. I a	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered	utes.		d when reinstating) DATE			
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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 for or an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #