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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V07454

(4)

G.S.T. PROPERTIES, INC.

Puncipal Place of Business Maling Address				. 1221, 21161, 2011 (601) 6163, 2110 6181 61811 61811 61811 61811 61811 61811	
7606 RIVER AVENUE GREEN COVE SPRINGS FL 32043 US		7608 RIVER AVEN GREEN COVE SPI US			
•••		•			Date of Last Report
<u>.</u>				01/17/1992	09/29/1995
2. Panopal Pla	on of Business	2a. Mailing Arldress		4. FEI Number	Applied For
21		26		59-3107204	Not Applicable
Suite, Apt. #	, en.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State:		City & State		6. Election Campaign Financing	·
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziji	Country	Ziρ	Country	8. This corporation has liability for intangil	e tax under s 199.032,
24	25	29	30	Florida Statutes Yes N	
,	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
THOMPSON, GERALD S			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
7608 RIVER AVENUE					
GREEN	I COVE SPRINGS FL 32044		83		
			84 City		85 Zip Code
_					F L 1
	the provisions of Sections 607.056)2 and 607.1508, Florida Stat	utes, the above-named corporation's bor	oration submits this statement for the purpose of and of directors. Thereby accept the appointme	of changing its registered office
famili e with	i, and accept the obligations of, Sec	ction 607.0505, Florida Statut	es	and of circultura. Thereby accept the appointing	it as registered agent. Fairi
SIGNATURE					
	graduo tyrofocpide frame phagete et ag-	i aro Minifappiratik ND DIRECTORS	(NOTE: Flogisteren Agent signature requir		IE
TITLE		DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
N99:	PD Thompson, Gerald S.	LJ MUCH	1 1 1/1LE 1.2 NAME		Change Addition
SDEEL ADDRESS	7608 RIVER AVENUE		1.3 STREET ADDRESS		
(16) SL 20:	GREENCOVE SPRINGS F	Ī			
31116	VP	L □ DELETE	1.4 City-S1-ZiP 2.1 Title		Change Addition
NAME	THOMPSON, BARBARA		2.2 NAME		The Program
STREET ADDRESS	7608 RIVER AVENUE		2.3 STREET ADDRESS		
(-1) \$1 /4"	GREENCOVE SPRINGS F	1	2.1 STATE FAULUMESS		
Tuf	VP	F) DELETE	3 1 TITLE		Change
NWE	THOMPSON, MARK	End Person	3.2 NAME		Classific Classific
STREET ADDRESS	7608 RIVER AVENUE		33 STREET ADDRESS		
CH 50-78	GREENCOVE SPRING FL		3.4 CHY-ST-7P		
190	VP	DELETE	4 1 TITLE		Change Addition
B(364)	THUMBOUN EDIC		A 2 NAME		

64 CITY-ST-ZIP

14. Lids 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 continuous formation indicated on this corporation or the receiver of 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 charged, you an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - ST - ZiP

4 4 CITY - ST - ZIP

5 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ACREESS

SUGEL ADDRESS

STREET ACTORESS

OID \$1.700

Lill

Irl. F

NAME

7608 RIVER AVENUE

THOMPSON, LESLIE M

GREENCOVE SPRING FL

7608 RIVER AVENUE

GREENCOVE FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELFTE

1-18-96 (904) 284-981

☐ Change

☐ Change

■ Addition

☐ Addition

:R2E034 (12/95