

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90088 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V07454

1. Corporation Name
G.S.T. PROPERTIES, INC.

Principal Place of Business
**7608 RIVER AVENUE
GREEN COVE SPRINGS FL 32043
US**

Mailing Address
**7608 RIVER AVENUE
GREEN COVE SPRINGS FL 32043
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1992

4. FEI Number

59-3107204

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.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**THOMPSON, GERALD S
7608 RIVER AVENUE
GREEN COVE SPRINGS FL 32044**

10. Name and Address of New Registered Agent

81 Name

THOMPSON, MARK S

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

7608 River Avenue

83

84 City

Green Cove Springs

85 Zip Code

FL 32043

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 **GERALD S. THOMPSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/02/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMPSON, GERALD S. | |
| STREET ADDRESS | 7608 RIVER AVENUE | |
| CITY-ST-ZIP | GREENCOVE SPRINGS FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMPSON, BARBARA | |
| STREET ADDRESS | 7608 RIVER AVENUE | |
| CITY-ST-ZIP | GREENCOVE SPRINGS FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMPSON, MARK | |
| STREET ADDRESS | 7608 RIVER AVENUE | |
| CITY-ST-ZIP | GREENCOVE SPRING FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | THOMPSON, ERIC | |
| STREET ADDRESS | 7608 RIVER AVENUE | |
| CITY-ST-ZIP | GREENCOVE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | THOMPSON, MARK S. | |
| 1.3 STREET ADDRESS | 7608 River Avenue | |
| 1.4 CITY-ST-ZIP | Green Cove Springs, FL 32043 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | THOMPSON, JANET M. | |
| 2.3 STREET ADDRESS | 7608 River Avenue | |
| 2.4 CITY-ST-ZIP | Green Cove Springs, FL 32043 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **GERALD S. THOMPSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/1999

904-284-9818
Daytime Phone #

CR2E034 (11/98)