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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

HENRY GANGWISCH, INC.

**FILED** Feb 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 244 SCOOTER DRIVE 244 SCOOTER DRIVE PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/01/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3121526 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has pald the current year Intangible Z Yes No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GANGWISCH, HENRY 244 SCOOTER DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32408 83 84 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change GANGWISCH, HENRY NAME 1.2 NAME CR2E034 244 SCOOTER DRIVE 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BCH FL 1.4 CITY - ST- ZIP CITY - ST - ZIP DELETE Addition 2.1 TITLE Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST- 7/P CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LIUDE OF LUIRED

850-235-2578