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Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90036 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

2000

DOCUMENT # **V41519**

1. Corporation Name

G.S.E. ENTERPRISES, INC.

(2)



Principal Place of Business

**4950 W. KENNEDY BLVD.
STE. 207
TAMPA FL 33609
US**

Mailing Address

**4950 W. KENNEDY BLVD.
STE. 207
TAMPA FL 33609
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1992

4. FEI Number

59-3127409

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

4950 W. KENNEDY BLVD

2a. Mailing Address

20045 W. COUNTY LINE RD.

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

TAMPA, FL

City & State

LUTZ, FL

Zip

33609

Country

USA

Zip

33549

Country

USA

9. Name and Address of Current Registered Agent

**EDKINS, GEORGE, III
4950 W KENNEDY BLVD
#207
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name

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

20045 W. COUNTY LINE RD.

83

84 City

LUTZ

FL

85 Zip Code

33549

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P EDKINS, GEORGE J III**
STREET ADDRESS **5324 BAYWATER DR**
CITY - ST - ZIP **TAMPA FL 33615**

TITLE ☐ DELETE
NAME **C SHARON, EDKINS**
STREET ADDRESS **5324 BAYWATER DR**
CITY - ST - ZIP **TAMPA FL 33615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Add
1.2 NAME **P EDKINS, GEORGE J. III**
1.3 STREET ADDRESS **20045 W. COUNTY LINE RD.**
1.4 CITY - ST - ZIP **LUTZ, FL. 33549**

2.1 TITLE ☒ Change ☐ Add
2.2 NAME **C SHARON EDKINS**
2.3 STREET ADDRESS **20045 W. COUNTY LINE RD.**
2.4 CITY - ST - ZIP **LUTZ, FL. 33549**

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

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

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE EDKINS, III

Date **4.28.00**

Daytime Phone **(813) 286-249**

0374432