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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

GASSER WALLCOVERING, INC.

WEBSTER, RONALD S. **ROYAL PALM MALL**

985 N. COLLIER BLVD. MARCO ISLAND FL 33937

Principal Place of	Business	Mailing Address					
128 SAXON ST MARCOO ISLAND FL 33937 US		128 SAXON ST MARCO ISLAND FL 33937 US	DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualified				
2. Principal Place of Business		2a. Mailing Address	06/29/1992 4. FEI Number Applied F				
21		26	65-0351116 Not Applic				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	5. Certificate of Status Desired				
City & State		City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Žip	Country	Zip Country	Country 8. This corporation owes or has paid the current year Intangible				

Zip Code City 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.

Name

30

SIGNATURE							
	Stgriature, typed or printed name of registimed agent and title it applicable	(NOTE: Re	gistered Agent algnature r		DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHA	NGES TO OFFICERS AND		
TITLE	PTS D	ELETE	1.1 TITLE			Change	Addition
NAME	Gasser, Daniel J.		1.2 NAME				,
STREET ADDRESS	128 SAXON ST	ļ	1.3 STREET ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY - ST - ZIP				
TITLE	D	ELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		<u></u>		
TITLE	□ D	ELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE	D	ELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	□ D	ELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		ELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS		Ì	6.3 STREET ADDRESS				

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:

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

FILED

Mar 19 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees