

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 16 1996 8:00 am
Secretary of State

DOCUMENT # V55082 (4)

1. Corporation Name

GUMACO, INC.

Principal Place of Business

1600 10TH ST S
SAFETY HARBOR FL 34695
US

Mailing Address

P. O. BOX 638
SAFETY HARBOR FL 34695
US

3. Date Incorporated or Qualified
08/04/1992

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3150966

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CLINE, HARRY S.
400 CLEVELAND STREET
SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

Tope, Phil

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

1600 S. Tenth Street

83

84 City Safety Harbor, FL

FL

85 Zip Code

34695

11. Pursuant to the provisions of Sections 607.0507 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 of the person named as registered agent and file in application

(NOTE: Registered Agent signature required when reappointing)

DATE

2/12/96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME ODIO, STEPHEN A.
STREET ADDRESS 2340 EDGEWATER LANE
CITY-ST-ZIP LARGO FL

TITLE VSTD ☐ DELETE
NAME TOPE, PHIL
STREET ADDRESS 1600 S. 10TH STREET
CITY-ST-ZIP SAFETY HARBOR FL

TITLE S ☐ DELETE
NAME DOUGHERTY, ALINA
STREET ADDRESS 1600 S. 10TH STREET
CITY-ST-ZIP SAFETY HARBOR FL

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 ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VTD
2.3 STREET ADDRESS Tope, Phil
2.4 CITY-ST-ZIP 1600 S. 10th Street
Safety Harbor, FL 34695

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Assistant Secretary
3.3 STREET ADDRESS Dougherty, Alina
3.4 CITY-ST-ZIP 1600 S. 10th Street
Safety Harbor, FL 34695

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Secretary
4.3 STREET ADDRESS Kuhn, Guy M.
4.4 CITY-ST-ZIP 1600 S. Tenth Street
Safety Harbor, FL 34695

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

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

14. I do 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 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:

Phil Tope - Vice President

02/12/96

813-725-7505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)