

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

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97 OCT 22 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000075999  
 1. Corporation Name  
**GMA CONSTRUCTION + DEVELOPMENT INC**

Principal Place of Business <b>SAME</b>	Mailing Address <b>PO BOX 616338 ORLANDO FL 32861-6338</b>
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2. Principal Place of Business <b>21 SAME</b>	2a. Mailing Address <b>26 PO BOX 616338</b>	3. Date Incorporated or Qualified <b>9-10-96</b>	3a. Date of Last Report
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-3411668</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State <b>23 ORLANDO FL 32861</b>	City & State <b>28 ORLANDO FL 32861</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 32861-6338</b>	Country <b>29 ORANGE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GRENNETT SERVICE  
7754 BAY CEDAR DR  
ORLANDO FL 32835**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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]* **Greennett Service - GRENNETT SERVICE** **10-21-97.**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT DIRECTOR</b> <input type="checkbox"/> DELETE
NAME <b>GRENNETT SERVICE</b>
STREET ADDRESS <b>7754 BAY CEDAR DR</b>
CITY-ST-ZIP <b>ORLANDO FL 32835</b>
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS <b>400002329664 -- S</b>
4.4 CITY-ST-ZIP <b>-10/27/97-01008-020</b>
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**400002329664 -- S**  
**-10/27/97-01008-020**  
**\*\*\*550.00 \*\*\*550.00**

*[Signature]*  
**10/22/97**

14. I do 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]* **Greennett Service** **10-21-97 (407)290-0064**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date on Form #

CR2E034 (9/96)