

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000017759 (6)  
1. Corporation Name  
GL MONEY MAKERS, INC.



Principal Place of Business: 9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613  
Mailing Address: 9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	PO Box 5926	02/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3456462	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Spring Hill FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
		34611	USA		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PELLETIER, CAROLE J 9000 GLEN LAKES BLVD. BROOKSVILLE FL 34613				81. Name DONITA LYON			
				82. Street Address (P.O. Box Number Not Acceptable) 6410 BEAR CND.			
				83.			
				84. City WEEKI WACHEE FL			
				85. Zip Code 34613			

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: Donita Lyon  
Signature, typed or printed name of registered agent and title if applicable (NONE - Registered Agent signature required when reinstating)

1-29-98  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TOM BISHOP - PRES.	<input type="checkbox"/> DELETE		1.1 TITLE	V-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				1.2 NAME	DUDLEY HERRIN		
STREET ADDRESS	9225 SOUTHERN BELLE DR.			1.3 STREET ADDRESS	2227 WESTSHORE DR.		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613			1.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613		
TITLE	V-PRES.	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL ILLGEN			2.2 NAME	DONITA LYON		
STREET ADDRESS	9080 HEATHER BVD.			2.3 STREET ADDRESS	6410 BEAR BLD.		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613			2.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613		
TITLE	SEC.	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEANNIE FREDRICK			3.2 NAME			
STREET ADDRESS	7 REDBAY CT. WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOMERASSA, FL 34613			3.4 CITY-ST-ZIP			
TITLE	TREAS	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAROL PELLETIER			4.2 NAME			
STREET ADDRESS	9000 GLEN LAKES BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEEKI WACHEE, FL 34613			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Donita Lyon  
Donita Lyon 1-29-98 (352) 500-5010

CR2E034 (10/97)