


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

0500767

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90035 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000017759**

1. Corporation Name
GL MONEY MAKERS, INC.



Principal Place of Business
**9000 GLEN LAKES BLVD.
 BROOKSVILLE FL 34613**

Mailing Address
**P.O. BOX 5526
 SPRING HILL FL 34611
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1997	
21		26		4. FEI Number 59-3456462	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LYON, DONITA
 8418 BEAN BLVD
 WEEKI WACHEE FL 34613**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
8418 BEAN BLVD.
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, TOM	1.2 NAME	HERRIN, DUDLEY
STREET ADDRESS	9425 SOTHERN BELLE DR	1.3 STREET ADDRESS	9287 WESTSHORE DR.
CITY-ST-ZIP	WEEKI WACHEE FL 34613	1.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDRICK, JEANNE	2.2 NAME	CHODIK, JOANNE
STREET ADDRESS	7 REDBAY CT WEST	2.3 STREET ADDRESS	9110 RHETT LANE
CITY-ST-ZIP	HOMOSSASSA FL 34613	2.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRIN, DUDLEY	3.2 NAME	BISHOP, TOM
STREET ADDRESS	9287 WESTSHORE DR	3.3 STREET ADDRESS	9425 WESTSHORE DR.
CITY-ST-ZIP	WEEKI WACHEE FL 34613	3.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYON, DONITA	4.2 NAME	
STREET ADDRESS	8418 BEAU 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, with all other like empowered.

SIGNATURE: *Donita J. Lyon* **(352)** **1-5-99** **597-5769**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)