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

TITLE

NAME

STREET ADDRESS

officer or director of the Block 12 or Block 13 if

SIGNATURE/

CITY-ST-ZIP

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS Secretary of State 1998 DOCUMENT # H06788 (4)G & D FINANCIAL, INC. Principal Place of Business Mailing Address 7138 SEMINOLE BLVD. 7138 SEMINOLE BLVD. SEMINOLE FL 34642 SEMINOLE FL 34642 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2416369 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 25 30 Personal Property Tax due June 30. Yes Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAYSON, THOMAS 7138 SEMINOLE BLVD Street Address (P.O. Box Number is Not Acceptable) SEMINOLE FL 34642 83 Zip Cade 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TID F Change TITLE GRAYSON, THOMAS MAME 1.2 NAME 7138 SEMINOLE BLVD. 1.3 STREET ADDRESS STREET ANDRESS SEMINOLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Channe notibba TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

 hereby certify that the information supplied windicated on this annual report or supplementa officer or director of the control or the research. with his filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information file in under the same legal effect as if made under oath; that I am an exercise empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. 1/5F 8133572233

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

CR2E034 (10/97)

Change

Addition