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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H06788

G & D FINANCIAL, INC.

•					
Principal F	Place of Business	Mailing Address		( IDEA E I) E (III GOINE ON II)	
7138 SEMINOLE BLVD. SEMINOLE FL 34642		7138 SEMINOLE BLVD. SEMINOLE FL 34642			
			•	DO NOT WRITE IN THIS SPACE	1
				3. Date Incorporated or Qualifed 06/06/1984	
2. Princip	al Place of Business	2a. Mailing Address		4. FEI Number Applied For	1 %
n 🗀 .		26	<u>.</u>	59-2416369   Not Applicable	12
Suite,	Apt. #; etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	"
22	The state of the s	27			┨
City &	State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23	<u> </u>	28	Country	Trace I and Table	1
Zip	Country	Zip ,	Country	8, This corporation owes the current year Intangible Personal Property Tax.	
24	25		30]	10. Name and Address of New Registered Agent	1
	9. Name and Address of Curre		81 Name	IV. Namo and Alexander	1
	GRAYSON, THOMAS	•			4
G & 7	138 SEMINOLE BLVD		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	1
	SEMINOLE FL 34642		83		1
`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[2] "表面,如此"高级"的。并是的"最大的"的"最级"的"最级"的。	1
	•		84 City	FI 85 Zip Code	
	contraction in the second			The latest the second of the project code	
	ar registered agent or both in the S1914	e of Florina. Such change was au	inonzed by the corbora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	1
office agen SIGNATL	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig JRE Signature, typed or printed name of registered ag	e of Florida. Such change was augations of, Section 607.0505, Florient and title if applicable.  (NOTE:	da Statutes. Registered Agent signature requ	uired when reinstating) , , , , , , , , DATE	1
office agen SIGNATL 12.	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig  JRE Signature, typed or printed name of registered ag  OFFICERS A	e of Florida. Such change was au pations of, Section 607.0505, Flori	ida Statutes.	ulred when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 1
office agen SIGNATL 12. TILE	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig  JRE Signature, typed or printed name of registered ag  OFFICERS A	e of Florida. Such change was au jations of, Section 607.0505, Florient and title if applicable.  (NOTE: NOTE: NOT	da Statutes.  Registered Agent signature requestions.  13.  1.1 TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7.44.000
office agen SIGNATL 12. TITLE NAME	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig  JRE  Signature, typed or printed name of registered ag  OFFICERS A  PD  GRAYSON, THOMAS	e of Florida. Such change was au jations of, Section 607.0505, Florient and title if applicable.  (NOTE: NOTE: NOT	da Statutes.  Registered Agent signature requ  13.  1.1 TITLE  1.2 NAME	ulred when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	T004 (44 (00)
office agen SIGNATL 12. TITLE NAME STREET ADD	or registered agent, or both, in the State t. I am familiar with, and accept the oblig  OFFICERS A  OFFICERS A  PD  GRAYSON, THOMAS 7138 SEMINOLE BLVD.	e of Florida. Such change was au jations of, Section 607.0505, Florient and title if applicable.  (NOTE: NOTE: NOT	da Statutes.  Registered Agent signature requ  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ulred when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
office agen SIGNATL 12. TITLE NAME STREET ADD CITY-ST-ZIP	or registered agent, or both, in the State t. I am familiar with, and accept the oblig  OFFICERS A  OFFICERS A  PD  GRAYSON, THOMAS 7138 SEMINOLE BLVD.	e of Florida. Such change was au jations of, Section 607.0505, Florient and title if applicable.  (NOTE: NOTE: NOT	da Statutes.  Registered Agent signature requ  13.  1.1 TITLE  1.2 NAME	ulred when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7,700
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE	or registered agent, or both, in the State t. I am familiar with, and accept the oblig  OFFICERS A  OFFICERS A  PD  GRAYSON, THOMAS 7138 SEMINOLE BLVD.	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: NDD DIRECTORS	Registered Agent signature requested as tatutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	7,700
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME	PD GRAYSON, THOMAS 7138 SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: NDD DIRECTORS	Registered Agent signature requestered Agent Age	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	7,700
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: NDD DIRECTORS	Interior and the composition of	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	7,700
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: NDD DIRECTORS	Registered Agent signature requestered Agent Age	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	), rootogo
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS  DELETE	Interior Englishment Signature required Agent signature required Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	), rootogo
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS  DELETE	Interced by the corporation of t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	), rootogo
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD STREET ADD	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS  DELETE	Interior and the composition of	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	), rootogo
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE: IND DIRECTORS  DELETE	Interced by the corporation of t	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE TITLE TITLE	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Agent signature required by the Corporation of the Corporat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	7.100L0
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Agent signature required by the Corporation of the Corporat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD STREET ADD STREET ADD STREET ADD STREET ADD	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig SIRE Signature, typed or printed name of registered agent OFFICERS A PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Agent signature required by the Corporation of the Corporat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition	
Office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig SIRE Signature, typed or printed name of registered agent OFFICERS A PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Florida. Such change was au jations of, Section 607.0505, Florigent and title if applicable. (NOTE:  ND DIRECTORS  DELETE  DELETE	Registered Agent signature required by the Corporation of the Corporat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	), reculos
office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig SIRE Signature, typed or printed name of registered agent OFFICERS A PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Horida. Such change was au jations of, Section 607.0505, Floring in the first population of the properties of the p	Registered Agent signature required by the Corporation of the Corporat	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	), reculos
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig SIRE Signature, typed or printed name of registered agent OFFICERS A PD GRAYSON, THOMAS 7138 SEMINOLE BLVD. SEMINOLE FL	e of Horida. Such change was au jations of, Section 607.0505, Floring in the first population of the properties of the p	Registered Agent signature requests and a statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	), reculos
Office agen SIGNATL  12.  TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig  RE  Signature, typed or printed name of registered agent of the state o	e of Horida. Such change was au jations of, Section 607.0505, Floring in the first population of the properties of the p	Registered Agent signature requests and a statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	), reculos
office agen SIGNATL  12. TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME STREET ADD CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	e or registered agent, or both, in the State t. I am familiar with, and accept the oblig  RE  Signature, typed or printed name of registered agent of the state o	e of Horida. Such change was au jations of, Section 607.0505, Floring in the first population of the properties of the p	Registered Agent signature required by the corporation of the corporat	uired when reinstating).  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition	

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

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 supplied ental annual report is frue 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 acciver or justee 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 part attachment with an address, with all other like empowered.

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90045 008 \*\*\*150.00