

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **223203** (1)

1. Corporation Name
GLD HOLDING COMPANY, INC.

APPROVED
AND
FILED

MAY -1 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O ELEANOR W. HUBBARD
2620 WATROUS AVENUE
TAMPA FL 33629**

Mailing Address: **C/O ELEANOR W. HUBBARD
2620 WATROUS AVENUE
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/30/1959	05/01/1994
22 Suite, Apt #, etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		59-6075201	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 County		30 County		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUBBARD, ELEANOR 2620 WATROUS AVE. TAMPA FL 33629				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.050(1) and 607.1408, Florida Statutes, the above named corporation supports 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 607.050(5), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D WERBER, STEVEN	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	200 LAURA STREET JACKSONVILLE FL	13.2 NAME	
12.3 CITY & STATE		13.3 STREET ADDRESS	
12.4 CITY & STATE		13.4 CITY & STATE	
12.5 NAME	SD HUBBARD, ELEANOR	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	2620 WATROUS AVE. TAMPA FL	13.6 NAME	
12.7 CITY & STATE		13.7 STREET ADDRESS	
12.8 CITY & STATE		13.8 CITY & STATE	
12.9 NAME	PD JANNER, MARIA	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS	809 S. WESTSHORE TAMPA FL	13.10 NAME	
12.11 CITY & STATE		13.11 STREET ADDRESS	
12.12 CITY & STATE		13.12 CITY & STATE	
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY & STATE		13.15 STREET ADDRESS	
12.16 CITY & STATE		13.16 CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for this exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 the filing. I am not being compensated for an appointment with an address.

SIGNATURE *Eleanor W. Hubbard* **Eleanor W. Hubbard** 4/28/95 813/251-9172
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR