

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

08-23-1999 90005 028 ***550.00

DOCUMENT # 296939

1. Corporation Name

G & H CORPORATION

Principal Place of Business

1215 MAIN ST
P O BOX 476
HUMBOLDT TN 38343

Mailing Address

1215 MAIN ST
P O BOX 476
HUMBOLDT TN 38343



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1965

4. FEI Number

62-6065624

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 2923 Main St., P. O. Box 476

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26 2923 Main St., P.O.Box 476

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GILKEY, WILLIAM W
LINCOLN & PARK
CLEARWATER FL 33515

10. Name and Address of New Registered Agent

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 607.0502 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]
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

8-19-99

12. OFFICERS AND DIRECTORS

TITLE

VOS
NAME HADLEY JR, J A
STREET ADDRESS 2823 MAIN STREET
CITY-STATE-ZIP HUMBOLDT TN

☐ DELETE

TITLE D
NAME GILKEY, WILLIAM W
STREET ADDRESS LINCOLN & PARK
CITY-STATE-ZIP CLEARWATER FL

☐ DELETE

TITLE PTD
NAME HADLEY, THOMAS E
STREET ADDRESS 21 BAILEY LANE
CITY-STATE-ZIP JACKSON TN

☐ DELETE

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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:

J. ASHLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

901-784-9066

Daytime Phone #

CR2E034 (5/99)