

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

ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
CORPORATION DIVISION

APPROVED
AND
FILED

95 FEB 20 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **340866** (3)

G.I.T., INC.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2a. Mailing Address	
2397 BACOM PT. RD. PAHOKEE FL 33476		2397 BACOM PT. RD. PAHOKEE FL 33476	
21. Principal Place of Business	26. Mailing Address	22. Subj. Apt. #, etc.	27. Subj. Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified	3a. Date of Last Report
01/30/1969	02/11/1994
4. FEI Number	Applied For
59-1258602	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRYANT, BILLY H. 2397 BACOM PT. RD. PAHOKEE FL 33476		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD BRYANT, BILLY H. 2397 BACOM PT. RD. PAHOKEE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		1.2 NAME	
12.3 CITY-ST-ZIP		1.3 STREET ADDRESS	
12.4 NAME	VTD BRYANT JR., BILLY H. 11697 GREENBRIAR CIRCLE W. PALM BEACH FL	1.4 CITY-ST-ZIP	
12.5 NAME	S BRYANT, SUSAN C. 11697 GREENBRIAR CIRCLE W. PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		2.2 NAME	
12.7 NAME		2.3 STREET ADDRESS	
12.8 NAME		2.4 CITY-ST-ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		3.2 NAME	
12.11 NAME		3.3 STREET ADDRESS	
12.12 NAME		3.4 CITY-ST-ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		4.2 NAME	
12.15 NAME		4.3 STREET ADDRESS	
12.16 NAME		4.4 CITY-ST-ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		5.2 NAME	
12.19 NAME		5.3 STREET ADDRESS	
12.20 NAME		5.4 CITY-ST-ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 NAME		6.2 NAME	
12.23 NAME		6.3 STREET ADDRESS	
12.24 NAME		6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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. But I am, on this or at the time of this report or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the 4-C filing. If there is a change of address, an attachment with an address.

SIGNATURE: *Billy H. Bryant* **Billy H. Bryant** 2-24-95 407-421-2604
DATE DATE