

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 340866 (3)

1. Corporation Name
G.I.T., INC.



Principal Place of Business: 2397 BACOM PT. RD. PAHOKEE FL 33476
Mailing Address: 2397 BACOM PT. RD. PAHOKEE FL 33476

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/30/1969	02/28/1995
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1258602	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		29		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRYANT, BILLY H.
2397 BACOM PT. RD.
PAHOKEE FL 33476**

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BILLY H.	12 NAME	
STREET ADDRESS	2397 BACOM PT. RD.	13 STREET ADDRESS	
CITY- ST- ZIP	PAHOKEE FL	14 CITY- ST- ZIP	
TITLE	VTD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT JR., BILLY H.	22 NAME	
STREET ADDRESS	11697 GREENBRIAR CIRCLE	23 STREET ADDRESS	
CITY- ST- ZIP	W. PALM BEACH FL	24 CITY- ST- ZIP	
TITLE	S	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, SUSAN C.	32 NAME	
STREET ADDRESS	11697 GREENBRIAR CIRCLE	33 STREET ADDRESS	
CITY- ST- ZIP	W. PALM BEACH FL	34 CITY- ST- ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Billy H Bryant* **Billy H. Bryant** 1-27-96 407-924-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)