FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1992 –1995

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

FILED
95 FEB 15 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 359720

1. Corporation Name
G H J Associates, Incorporated

Principal Place of Business / Mailing Address
P. O. Box 11986
Tampa, Fl. 33680

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 11986, Tampa Fl	26 P.O. Box 11986
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, Fl.	28 City & State: Tampa Fl
24 Zip: 33680 25 Country: Hillsborough	29 Zip: 33680 30 Country: Hillsborough

3. Date Incorporated or Qualified: 02/16/1970
3a. Date of Last Report: 6-11-91
4. FEI Number: 59-157113 ☐ Applied For ☐ 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
Hargrett, James T. Jr.
2002 E. Emma Street
Tampa, Fl. 33610

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150[illegible] or registered agent, or both, in the State of Florida. Such chan[illegible] familiar with, and accept the obligations of, Section 607.0505.
for the purpose of changing its registered office [illegible]pt the appointment as registered agent. I am
SIGNATURE _____ DATE
Signature (type or print name of registered agent and title if applicable)

12. OFFICERS AND DIRECTOR
ES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE	P/D
NAME	Hamrett, James T. JI
STREET ADDRESS	2002 E. Emma
CITY ST ZIP	Tampa, Fl. 33610
TITLE	D
NAME	Hargrett, James
STREET ADDRESS	2006 E. Emma
CITY ST ZIP	Tampa, Fl. 33610
TITLE	D
NAME	Griffin, Ben O.
STREET ADDRESS	2016 21st Ave.
CITY ST ZIP	Tampa, Fl 33605
TITLE	D
NAME	Wilds, Helen
STREET ADDRESS	4516 Ashmore Dr.
CITY ST ZIP	Tampa, Fl. 33610
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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****61.25 ****61.25

☐ Change ☐ Addition

'92 - 61.25
'93 - 200.00
'94 - 200.00
'95 - 200.00
A/R

validate
this has already been filed -
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UPSTAIRS
KB

14. I do hereby certify that the information supplied with this [illegible] certify that the information indicated on this annual report or supplemental [illegible] oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, [illegible] appears in Block 12 or Block 13 if changed, or on an attachment with an address.

[illegible] ed in Section 119.07(3)(i), Florida Statutes. Further [illegible]ture shall have the same legal effect as if made under [illegible]y Chapter 607, Florida Statutes, and that my name

SIGNATURE: _____ James T. Hargrett Jr. Pres. 2-14-95 (813) 238-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #