

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR 25 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 499905 (8)
1. Corporation Name
OLD GGI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3910 U.S. HWY 301 N. STE. #140 TAMPA FL 33619 US		Mailing Address 501 E. KENNEDY SUITE 1700 TAMPA FL 33602-4988 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	03/26/1976	59-1663160
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22	27	<input type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25		
29	30		

9. Name and Address of Current Registered Agent

HUMPHRIES, J B
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHRIES, J.BOB	1.2 NAME	
STREET ADDRESS	501 E. KENNEDY	1.3 STREET ADDRESS	000002469580--1
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	-03/26/98--01090--014
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, J. CHRIS	2.2 NAME	
STREET ADDRESS	2210 DESTINY WAY	2.3 STREET ADDRESS	D/P
CITY-ST-ZIP	ODESSA FL 33556	2.4 CITY-ST-ZIP	2535 Success Drive
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD W	3.2 NAME	
STREET ADDRESS	1802 U.S. 19	3.3 STREET ADDRESS	D/S/T
CITY-ST-ZIP	HOLDIAY FL	3.4 CITY-ST-ZIP	2535 Success Drive
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, JERALD	4.2 NAME	
STREET ADDRESS	3910 U.S. HWY 301 N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRINER, BRUCE E	5.2 NAME	
STREET ADDRESS	3910 US HIGHWAY 301 N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, RICHARD J	6.2 NAME	
STREET ADDRESS	3910 U.S. HWY 301 N	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	6.4 CITY-ST-ZIP	

14. 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 supplementary 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.

CR2E034 (1097)