


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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 521950 (6)					
1. Corporation Name GIN-S INC.					
Principal Place of Business 2896 CALEDONIA STREET STE #C MARIANNA FL 32446 US			Mailing Address 2896 CALEDONIA STREET STE #C MARIANNA FL 32446 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1714222	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARRIS, GINGER Y 2816 F HWY 71 MARIANNA FL 32446				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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	STD HARRIS, SCOTT	4901 LEE RD	P.O. Box 39 (NA) MARIANNA FL 32447	1.1 TITLE	STD Harris, Scott <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	HARRIS, GINGER L.	4901 LEE ROAD	P.O. Box 39 (NA) MARIANNA FL 32447	1.2 NAME	Harris, Scott <input type="checkbox"/> Change <input type="checkbox"/> Addition
				1.3 STREET ADDRESS	P.O. Box 39 (NA) <input type="checkbox"/> Change <input type="checkbox"/> Addition
				1.4 CITY-ST-ZIP	Marianna, FL 32447 <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.1 TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				2.2 NAME	Ginger Harris <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.3 STREET ADDRESS	P.O. Box 39 (NA) <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.4 CITY-ST-ZIP	Marianna, FL 32447 <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

Ginger L. Harris

CR2E034 (10/97)