FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90045 045 \*\*\*150.00

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 577515

1. Corporation Name

THE GRE	EAT AMERICAN HOLDING	COMPANY, INC.							
Principal Place	of Business	Mailing Address				i imbimi birri imali imaal arimi	tsear arm aranî as		III 8180 elem 1001
943 E, FT, KING	S ST.	943 E. FT. KING ST.							
P.O. BOX 3778 P.O. BOX 3778					DO NOT WE	RITE IN THIS	SPACE	,	
••		US US	CALA FL 34478		ļ	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
03		00			'	06/29/1978	<u> </u>		
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number			Applied For
21		26	_			<del>59-18334</del> 13			Not Applicable
Suite, Apt.	#, etc	Suite, Apt: #, etc:	-	•	·   ,	5. Certificate of Status Desired	Ú	<b>v</b>	Additional Descripted
22		27							Required
City & State	•	City & State				6. Election Campaign Financing	, 🗆	·	O May Be
23	Country	Zip	Country	<del></del>		Trust Fund Contribution  8. This corporation owes the cu			DIO LEES
Zip	25	·	30			Personal Property Tax.	ment year mi	Yes	□No
24	9. Name and Address of Curre		30			0. Name and Address of New	Registered A		
	o. Hamo and Addioso o. dane		81	Name					
	E,JR., MERRITT C.		-	Charact	A	(P.O. Box Number is Not Accep	stable)		<u></u> -
943	Southeast fort King Stre	ET	82	Street	Address	(P.O. Box Number is not Accep	nable)		
OCA	LA FL 34471		83						
								[an] 7:	p Code
	·		84	City			FL	85  Z	b code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the abov	e-named	corporat	ion submits this statement for th	e purpose of	changing	its registered
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.056 egistered agent, or both, in the State on familiar with, and accept the obligations upon the state of the stat	e of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized by rida Statutes	the corp	oration's	board of directors. I nereby acc	e purpose of ept the appoin	changing ntment as	its registered registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligations Signature, typed or printed name of registered age	e of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized by	the corp	oration's	board of directors. I nereby acc	DATE	nineni as	Tegistered
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office or reagent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligation  Signature, typed or printed name of registered age  OFFICERS AL  VSD  FORE,JR., MERRITT C.  943 S.E. FT. KING ST.  OCALA FL	of Florida, Such change was at ations of, Section 607.0505, Flor ent and title if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S	the corp.	oration's	board of directors. I hereby acc	DATE	ID DIREC	TORS IN 12  Je Addition
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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 supplied that must report 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed, of

SIGNATURE: