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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 589078

1. Corporation Name

FILED
Mar 16, 1999 8:00 am
Secretary of State
02 1 6 1000 00125 025 ***150 00

03-16-1999 90125 025 ***150.00

GATS A	ND BOBS, INC.								
Principal Place	e of Business	Mailing Address				-			#1411 (UB)
1807 W 45TH S		4943 FOXBORO RD.							
JACKSONVILLE FL 32209 JACKSONVILLE FL 32208						DO NOT WRITE IN THIS SPACE			
U\$						Date Incorporated or Qualifed	3 SFACE		
						09/25/1978			İ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applie	d For
21	race of Basiness	26				59-1853946	-	- ' '	plicable
Suite, Apt.	#, etc.	Suite, Apt #, etc					\$8.7	5 Addi	tional
22		27	27			5. Certificate of Status Desired	Fee	Requir	ed
City & State	e	City & State		_		6. Election Campaign Financing	\$5.0	00 ма	у Ве
23		28			_	Trust Fund Contribution	Add	ed to F	ees
Zip	Country	Zıp	Cot	intry		8. This corporation owes the current year I			
24	25	29	30			Personal Property Tax.	Yes		No.
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	3 Agent		
GAT	SON, SAMUEL M.			01	ivame				
4943				Street Addre	ess (P.O. Box Number is Not Acceptable)				
	KSONVILLE FL 32208			83					
0,10.									
				84	City	F	85 2	Zip Cod	e
11. Pursuant office or r	to the provisions of Sections 607.0502	and 607.1508, Florida Statu of Florida Such change was	ites, the a	bove by	e-named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing	its reg s regist	istered ered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607 0505. FI	orida Stat	utes					
SIGNATURE		400	C	Lines	t signature required	when reinstaling) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agen	i signature requirec	ADDITIONS/CHANGES TO OFFICERS A	AND DIREC	CTORS	IN 12
TITLE	PD	DELETE	11 Ti	TLE			Chan		Addition
NAME	GATSON, SAMUEL MORRIS		12 N	AME					
STREET ADDRESS	4943 FOXBORO RD.		135	TREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		14 C	ITY-ST	r. ZIP				
TITLE		☐ DELETE	2 i Ti	TLE			☐ Chan	.ge [Addition
NAME			22 N	AME					
STREET ADDRESS			2 3 S	TREET	ADDRESS				
CITY-ST-ZIP									1
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NAME		☐ DELETE	2 4 C 3 1 7 I	ITY-S	T-ZIP		☐ Chan	ge [Addition
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STREET ADDITESS		☐ DELETE	317) 32N	ITLF AME	T-ZIP AODRESS		Chan	ige [Addition
CITY-ST-ZIP			317I 32N 33S 34 C	CITY-S ITLF AME TREET CITY-S	ADDRESS				
		① DELETE	317l 32N 33S 34 C 417l	OTY-S TLF AME TREET DITY-S	ADDRESS		☐ Chan		Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3171 32N 33S 34 C 4171 42N 43S 44C 5171 52N	CITY-S ITLE AME TREET TLE CAME TREET TITY-SITTLE AME TREET TITY-SITTLE AME	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chan	nge (Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3171 32N 33S 34 C 4171 42N 43S 44C 5171 52N 54C	CITY-S THE AME TREET CITY-S THE TREET TITY-ST TITE AME TREET TITY-SI TITE TITY-SI TITE TITY-SI TITE TITY-SI TITE TITY-SI TITY-	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Chan	nge (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). Flonda 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, with all other like empowered.

SIGNATURE: Sumul m. Halvon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-765-5106 Daytime Phone #