FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 618606 (8)

1. Corporation Name
G & E ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3350 SW 15 ST DEERFIELD BCH FL 33442 US	3350 SW 15 ST DEERFIELD BCH FL 33442 US

3. Date Incorporated or Qualified: 04/24/1979
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1911131 ☐ 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

HUGHES RANDAL R
9677 N SPRINGS WAY
CORAL SPRINGS FL 33076

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDPS	1.1 TITLE		☒ Change ☐ Addition
NAME	REYNOLDS, EDWARD W	1.2 NAME		
STREET ADDRESS	MALLARD COVE, BOX 544C	1.3 STREET ADDRESS	506 MALLARD COVE	
CITY-ST-ZIP	HIAWASSEE GA	1.4 CITY-ST-ZIP	HIAWASSEE, GA 30546	
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	REYNOLDS, DANIEL A.	2.2 NAME		
STREET ADDRESS	1151 S.W. 4TH AVE.	2.3 STREET ADDRESS	3086 N.E. 7 DRIVE	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, RANDAL R.	3.2 NAME		
STREET ADDRESS	9677 NORTH SPRINGS WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, BARTON F	4.2 NAME		
STREET ADDRESS	802 NW 69 TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Randal R Hughes 1/19/95 (305) 752-4967
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
RANDAL R. HUGHES, VICE PRESIDENT

0266882 CP