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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:23

DOCUMENT # F15523 (6)

1. Corporation Name
G & I ENTERPRISES, INC.

Principal Place of Business	Mailing Address
CORNER OF PAGE RD & HWY. 363 P.O. BOX 718 WOODVILLE FL 32362	CORNER OF PAGE RD & HWY. 363 P.O. BOX 718 WOODVILLE FL 32362

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1981
3a. Date of Last Report: 02/17/1994

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

4. FEI Number: 59-2280940 ☐ 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

RANZINGER, GARY
2110 WILDRIDGE DR.
TALLAHASSEE FL 32303

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	P	11 TITLE		☐ Change ☐ Addition
NAME	RANZINGER, IRENE	12 NAME		
STREET ADDRESS	2110 WILDRIDGE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	LEWIS, TURY L.	22 NAME		
STREET ADDRESS	2616 VERGIE CT.	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	RANZINGER, CRAIG	32 NAME	RANZINGER, CRAIG	
STREET ADDRESS	1528 TWIN LAKES CIRCLE	33 STREET ADDRESS	1450 GREY FOX RUN	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	T	41 TITLE	T	☒ Change ☐ Addition
NAME	RANZINGER, CHERYL	42 NAME	RANZINGER, CHERYL	
STREET ADDRESS	1546 MERRY OAK	43 STREET ADDRESS	5355 TALLAPOOSA	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: CRAIG RANZINGER 01-14-95 (904) 421-1344
SIGNATURE AND NAME OF PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0410000 FP