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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F34918

1. Corporation Name

Principal Place of Business

G AND W ASSOCIATES, INC.

640 LANDER ROAD WINTER PARK FL 32792			640 LANDER ROAD WINTER PARK FL 32792						DO NOT	WRITE IN THIS	SPACE		
									Date Incorporated or Qua 05/14/1981	lifed			
2. Principal P	lace of Business		2a.	Mailing Address		•		4.	, FEI Number	 :	L	Арр	ied For
21			26						<u>59-2095448</u>			Not	Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5	. Certifcate of Status Desire	ed \square		_	Iditional
22			27									e Req	
City & State	e		L.,	City & State				6.	. Election Campaign Finance	ing 🗆			tay Be
23			28						Trust Fund Contribution			led to	rees
Zip		Country	Ь	Zip	Cou	ntry		8	This corporation owes the	current year Int	angible X Yes	г	⊒No
24		Address of Comment	29	dayed Award	30				Personal Property Tax. D. Name and Address of N	ew Registered			
	g, Name and	Address of Current	₹egis	иегеа Адепи		81	Name		, italie and Address of it	en negotiere			,
FOX.	HENRY G												
640 LANDER ROAD						82	Street	Address (I	P.O. Box Number is Not Acc	ceptable)			
WINTER PARK FL 32792						83							<u> </u>
						Ш							-
						84	City			FL	85	Zip Co	ode
11 Pursuant	to the provisions	of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the a	bove	-named	corporation	on submits this statement for	r the ourpose of	changin	g its r	egistered
office or r	egistered agent	or both, in the State of	Flori	da. Such change was a , Section 607.0505, Flo	authorized	Ιbγ	the corpo	oration's b	board of directors. I hereby a	accept the appoi	ntment a	ıs regi	stered
	m tattilikai willi, a	nd accept the obligation	115 01	, 560,001 007.0505, 1 k	nice Can	atos	•						
SIGNATURE	Signature, typed or prin	nted name of registered agent a	nd title	if applicable. (NOT)	: Registered	Agen	t signature r	equired when	reinstating)	DATE			
12.		OFFICERS AND	DIRE	CTORS	13.				ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	STD			☐ DELETE	1.1 ΤΓ	ΙLE					Cha	nge	Addition
NAME	FOX, DOROT	HEA M			1.2 N	ME							
STREET ADDRESS	640 LANDER	RD			1.3 \$1	REET	ADDRESS						
CITY-ST-ZIP	WINTER PAR	K, FL 00000 32792			1.4 CI	TY-S	T-ZIP						
TITLE	VD			☐ DELETE	2.1 ∏	ΓLE					☐ Cha	nge	Addition
NAME	FOX, STEPHE	N H			2.2 N	ME							
STREET ADDRESS	640 LANDER		•		2.3 ST	REET	ADDRESS						
CITY-ST-ZIP	WINTER PAR	K, FL 00000 32792			2,4 C	TY-S	T-ZIP						(7 A 1 m)
TITLE	PD			☐ DELETE	3.1 ΤΓ	RΕ					☐ Cha	nge	Addition
NAME	FOX, HENRY				3.2 N/	ME							
STREET ADDRESS	640 LANDER				3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	WINTER PAR	K, FL 00000 32792			3.4. C		T-ZIP						(Addition
TITLE	i			☐ DELETE	4.1 T						Cha	nge	Addition
NAME					4.2 N	AME							
STREET ADDRESS					4.3 ST	REET	ADDRESS						
CITY-ST-ZIP					4.4 CI	_	T-ZIP	<u> </u>					□ A2222
TITLE				☐ DELETE	5.1 TC						☐ Cha	លើទ	☐ Addition
NAME	ļ				5.2 N								
STREET ADDRESS					5.3 ST	REET	ADDRESS	Į					

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/21/99

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 assectment with an address, with all other like empowered. (407)671-2199

Change

☐ Addition

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90164 041 ***150.00

CR2E034 (11/98)