

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

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**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F74661** (2)  
 1. Corporation Name  
**G.S.B. INVESTMENTS, INC.**



Principal Place of Business: **2814 SW 34TH STREET GAINESVILLE FL 32608**  
 Mailing Address: **2814 SW 34TH STREET GAINESVILLE FL 32608-1733**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/01/1982</b>	3a. Date of Last Report <b>05/29/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2402327</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WALLS, CARL F 2814 SW 34TH STREET GAINESVILLE FL 32608</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BUTLER, S CLARK</b>	1.2 NAME	<b>Michael E. Warren</b>
STREET ADDRESS	<b>2306 SW 13TH STREET</b>	1.3 STREET ADDRESS	<b>1202 NW 9TH AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32601</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAWES, T. J.</b>	2.2 NAME	<b>George T. Singleton</b>
STREET ADDRESS	<b>3535 N MAIN ST</b>	2.3 STREET ADDRESS	<b>228 Medical Science Bldg.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32608</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HENDERSON, FRED</b>	3.2 NAME	<b>Ernest L. Higbee, Jr</b>
STREET ADDRESS	<b>NE 27TH AVE #2302</b>	3.3 STREET ADDRESS	<b>3202 SW 81ST ST.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	<b>GAINESVILLE, FL 32607</b>
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WALLS, CARL</b>	4.2 NAME	<b>OFFICERS ATTACHED</b>
STREET ADDRESS	<b>2814 S.W. 34TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNON, E. HILL J</b>	5.2 NAME	
STREET ADDRESS	<b>POB 609 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEYSTONE HEIGHTS FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANKS, MICHAEL L.</b>	6.2 NAME	
STREET ADDRESS	<b>RT 3 BOX 1137 N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STARKE FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *Sandra B. Mortham* **4-21-97** **352 375 3400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

**OFFICERS**

**CARL WALLS  
6401 SW 35TH WAY  
GAINESVILLE, FL 32608**

**ROBERT JOHN MARTIN  
P.O. BOX 435  
KEYSTONE HEIGHTS, FL 32656-0435**

**JOHN A. JANUSZEWSKI  
RT. 2 BOX 816  
MICANOPY, FL 32667**

**PATRICIA STARK  
3523 SW 15TH ST  
GAINESVILLE, FL 32608**

**SHERI HIGGINBOTHAM  
217 TURKEY CREEK  
ALACHUA, FL 32615**