

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 4:17

DOCUMENT # F75722

1. Corporation Name

GPM ENTERPRISES, INC.

900001504439
-06/02/95-01027-012
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2765 CLYDO RD JACKSONVILLE, FL 32207
2765 CLYDO RD JACKSONVILLE, FL 32207

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/06/1982		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		53-2303566		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

**WATERBURY, THEODORE
2765 CLYDO RD
JACKSONVILLE, FL 32207**

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 607.0502, Florida Statutes.

SIGNATURE

Signature must be personal name of registered agent and not a firm name

(NOTE: Registered Agent signature required when amending)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME	D/V	2. NAME	
STREET ADDRESS	MOISE, H. MILTON	3. STREET ADDRESS	
CITY, ST, ZIP	2765 CLYDO RD JAX., FL 32207	4. CITY, ST, ZIP	
TITLE	D/P/T	21. TITLE	☐ Change ☐ Addition
NAME	MOISE, G. PATTY	22. NAME	
STREET ADDRESS	2765 CLYDO RD	23. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 32207	24. CITY, ST, ZIP	
TITLE	S	31. TITLE	☐ Change ☐ Addition
NAME	MOISE, G. PATTY	32. NAME	
STREET ADDRESS	2765 CLYDO RD	33. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 32207	34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

731-3396