FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F75722** **(1)**

1. Corporation Name

GPM ENTERPRISES, INC.

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

3. Date Incorporated or Qualified: **04/06/1982**

3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 4890 Chimney Spring Dr
Suite, Apt. #, etc.
27
City & State
28 Greensboro, NC
Zip 29 27407 Country 30 Guilford

4. FEI Number: **59-2303566** ☐ 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

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 607.0505, Florida Statutes.

SIGNATURE: G. Patricia Moise DATE: 2/6/96
(If changing Registered Agent, a Certificate of Change must be filed with this report.) (If changing Registered Agent, Signature required below.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV NAME: MOISE, H MILTON STREET ADDRESS: 2765 CLYDO ROAD CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ DELETE	1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: DPT NAME: MOISE, G. PATTY STREET ADDRESS: 2765 CLYDO ROAD CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ DELETE	2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: MOISE, G. PATTY STREET ADDRESS: 2765 CLYDO ROAD CITY-ST-ZIP: JACKSONVILLE, FL 00000	☐ DELETE	3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6-1 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 119.07(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: G. Patricia Moise 2/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #