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

Mailing Address

7903 GARDNER DRIVE

NAPLES FL 34109-0610

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

3. Date Incorporated or Qualified 3a. Date of Last Report

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **F9400005368 (5)**1. Corporation Name

GNF INC.

7903 GARDNER DRIVE NAPLES FL 33942

Principal Place of Business

I am an off cer or di appears in Block 19 SIGNATURE:

						10/17/1994	05/01/1996			
2. Principal l	Prace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	<del></del>	Ap	plied For	
21		26				65-0515339		No	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	H	\$8.75			
22		27				or commence of class control		Fee Re	quired	
City & Sta	ite	City & State	h '			6. Election Campaign Financing	_	\$5.00		
23		28				Trust Fund Contribution		Added 1		
Zip	Country	Zip	<u>}</u> -1	ıntry	,	8. This corporation has liability for			. <b>19</b> 9.032,	
24	25	29 29	30			Florida Statutes 10. Name and Address of New Re		No Agent		
Name and Address of Current Registered Agent BIRTOLO, PETER					1 Name					
7903 GARDNER DRIVE										
NAPLES FL 33942				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
				84	City		FL	85 Zip (	Code	
11 Purcuan	I to the provisions of Sections 607 OF	02 and 607 1508. Florida St	atutes the a	bow	e-named cor	poration submits this statement for the		Changing it	s registered	
office or	registered agent, or both, in the Stat	e of Florida. Such change w	/as authorize	id by	/ the corpora	ation's board of directors. I hereby acce	pt the app	ointment as	registered	
agent I	ani familiar with, and accept the obli	gations of, Section 607.0505	s, Florida Sta	tutes	S.					
SIGNATURE	Superfuse typed or printed name of registered a	aent and title if anol cable	INOTE: Registere	d Age	ent signature requ	ulred when reinstating)	DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12	
TITLE	PS	DELETE	1.17	ITLE				Change	Addition	
NAME	BIRTOLO, PAM		1.2 N	IAME						
STREET ADORESS			1.3 \$	TREET	ADDRESS					
C(TY+ST+ZIP	NAPLES FL 33942		1.4 C	ity-s	ST-ZIP					
אווי	VI	☐ DELETE	2.1 TO	ITLE				Change Change	Addition	
NAMÉ	BIRTOLO, PETER		2.2 N	IAME						
STREET ADDRESS			2.3 S	TAEET	ADDRESS		**.			
C-TY-ST-ZIP	NAPLES FL 33942			CITY-:	ST-ZIP					
TITLE		DELETE	3.1 T	ITLE	ŀ			Change	Addition	
NAME			3.2 N	AME					:	
STREET ADDRESS	<b>6</b>		3.3 S	THEET	ADDRESS					
C-1Y+S1+7iP		Louise			ST-ZIP			Chance	A delibit	
TITLE		DELETE	1					L Change	Addition	
NAME			1	NAME						
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CHY-ST ZIP		DELETE			ST - ZIP			Change	Addition	
THILE NAME		C) OCCUIE	5.1 I 5.2 N					Change	Addition	
					T ADDRESS					
STREET ADDRESS	`				1					
TITLE		DELETE			ST-ZIP		·	Change	Addition	
NAME	-	_ 54411	6.2 N		-				had a same of	
STREET ADDRESS					T ADDRESS					
CHY-ST 200					ST-ZIP					
14. I do her	eby certify that the information suppl	d with this filing does not d	qualify for the	exe	emption state	ed in Section 119.07(3)(i), Florida Statut	s I furthe	r certify that	the	
informat Lam an	tion indicated on this arcial leport of officer or director of the constration	plemental annual repor or receiver or trustee em	t is true and powered to	acci exec	urate and the oute this repo	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg ort as required by Chapter 607, Florida	al effect a: Statutes; c	s if made un and that my r	der oath; that name	