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May 05 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 # G20461

(1)

1. Corporation Name
G. B. N., INC.



Principal Place of Business

GBN, INC.
3520 SOUTH NOVA RD.
PORT ORANGE FL 32119
US

Mailing Address

GBN, INC.
3520 SOUTH NOVA RD.
PORT ORANGE FL 32119-3725
US

2. Principal Place of Business

21 79 E DUNNANTON
Suite, Apt. #, etc.

22 City & State

23 PORT ORANGE FL

24 Zip

25 Country

26 32119

27 US

2a. Mailing Address

26 PO BOX 291607
Suite, Apt. #, etc.

27 City & State

28 PORT ORANGE FL

29 Zip

30 Country

31 32129

32 US

3. Date Incorporated or Qualified

01/26/1983

3a. Date of Last Report

03/18/1996

4. FEI Number

59-2291859

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

FREEMAN, VIRGINIA M
3520 S. NOVA ROAD
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 change to #2 above

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 VIRGINIA M. FREEMAN

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/24/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FREEMAN, J.C.
STREET ADDRESS 3520 SOUTH NOVA RD.
CITY-ST-ZIP PORT ORANGE FL

TITLE STD ☐ DELETE

NAME FREEMAN, VIRGINIA M.
STREET ADDRESS 3520 SOUTH NOVA RD.
CITY-ST-ZIP PORT ORANGE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

change address to
#2 above

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

change address to
#2 above

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: VIRGINIA M. FREEMAN

4-24-97 904-761-7623

CH2E034 (9/96)