FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10: 12

DOCUMENT # G51009 (0)

1. Corporation Name
G & G AUTO SALES, INC.

Principal Place of Business	Mailing Address
408 CUMBERLAND AVE. GULF BREEZE FL 32561-4109	408 CUMBERLAND AVE. GULF BREEZE FL 32561-4109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1983
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 5830 N Palafox	26 5830 N Palafox
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pensacola FL	28 City & State: Pens FL
24 Zip: 32503 25 Country: USA	29 Zip: 32503 30 Country: USA

4. FEI Number: 59-2316561 ☐ 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	10. Name and Address of New Registered Agent
GODFREY, JANICE A. 408 CUMBERLAND AVE. GULF BREEZE FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GODFREY, JANICE A.	1.2 NAME	
STREET ADDRESS	408 CUMBERLAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	GODFREY, THOMAS F.	2.2 NAME	
STREET ADDRESS	408 CUMBERLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	GODFREY, THOMAS	3.2 NAME	
STREET ADDRESS	408 CUMBERLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: J Thomas J Godfrey VP 2-16-95 904 478 4424
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #