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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G51009

(O)

G & G AUTO SALES, INC.

SIGNATURE:

Principal Place of Business Mailing Address 5830 N. PALATON 5830 N. PALATON PENSACOLA FL 32503-7614 PENSACOLA FL 32503 3a. Date of Last Report 3. Date Incorporated or Qualified 07/22/1983 02/12/1996 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place 5970 Runach 6110 5970 TRUNCOLA 0100 59-2316561 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GODFREY, JANICE A. 408 CUMBERLAND AVE. Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL** 83 Zip Code 84 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. Thereby accept the appointment as registered agent. Lam familiar 1 th, and accept the obligations of, Section 607,000s. For ida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) erf applicable DITICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TITLE PD into a GODFREY, JANICE A. 1.2 NAME 649 408 CUMBERLAND AVE. 1.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** 1.4 CITY-ST-ZIP CHY-SHIZIP Change Addition □ DELETE 2.1 TITLE 1.11 £ GODFREY, THOMAS F. 2.2 NAME 5970 PANALALA BLO 408 CUMBERLAND AVE. 2.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL** 2 4 CITY-ST-ZIP ClineS 7tP Change Addition □ DELETE 3.1 TITLE THE GODFREY, THOMAS 3.2 NAME 110.04 Rossacula Blio 408 CUMBERLAND AVE. 3.3 STREET ADDRESS STEEL ALORISS **GULF BREEZE FL** 3.4. CITY - \$1 - ZIP C:14 - 51 - 26 Change Addition DELETE 4 1 TITLE THEE 4.2 NAME 6449 4.3 STREET ADDRESS STREET AJJORESS 44 CITY-ST-ZIP OFY STAR Change Addition DELETE 51 TITLE 105 F 5.2 NAME 5.3 STREET ADDRESS STREET A PRESS 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE 101.1 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS.

6.4 CITY - ST - ZIP 14. Like 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.

Date

FILED

Apr 16 1997 8:00am

Secretary of State