

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G51524** (8)  
1. Corporation Name  
**G & S CONTRACTORS, INC.**

Principal Place of Business <b>1427 AURORA ROAD P.O. BOX 360451 MELBOURNE FL 32936-7451</b>	Mailing Address <b>1427 AURORA ROAD P.O. BOX 360451 MELBOURNE FL 32936-7451</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/01/1983</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2310187</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	25	29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**SCHOOLFIELD, MICHAEL D.  
1427 AURORA ROAD  
MELBOURNE FL 32935**

81 Name	<b>Welsh, Kim</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1427 Aurora Road</b>
83	
84 City	<b>Melbourne</b>
85 Zip Code	<b>FL 32935</b>

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 *K. R. Welsh* **K. R. Welsh, Pres.** **3/17/98**

Signature of person registered to be registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHOOLFIELD, MICHAEL D</b>	12 NAME	
STREET ADDRESS	<b>5665 S TROPICAL TRAIL</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	21 TITLE	<b>DPVTS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELSH, KIM</b>	22 NAME	<b>Welsh, Kim</b>
STREET ADDRESS	<b>5565 S. TROPICAL TRAIL</b>	23 STREET ADDRESS	<b>131 Island Grove Drive</b>
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	24 CITY - ST - ZIP	<b>Merritt Island, FL. 32952</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I 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:

*K. R. Welsh*

3/17/98

407-259-1444

CR2E034 (10/97)