

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

FILED

Apr 06 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # G 77114
1. Corporation Name

G & S Management of Sarasota, Inc.

Principal Place of Business Mailing Address
G & S Management of Sarasota, Inc.
c/o Michael Hric
2801 Fruitville Road, Suite 100
Sarasota, FL 34237

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2801 Fruitville Road | 26 2801 Fruitville Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 Suite 100 | 27 Suite 100 |
| City & State | City & State |
| 23 Sarasota, Florida | 28 Sarasota, Florida |
| Zip | Zip |
| 24 34237 | 29 34237 |
| Country | Country |
| 25 USA | 30 USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified | Applied For |
| 12/21/83 | Not Applicable |
| 4. FEI Number | |
| 59-2353815 | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input checked="" type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

Michael Hric
2801 Fruitville Road, Suite 100
Sarasota, FL 34237

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------------|
| TITLE | P & D <input type="checkbox"/> DELETE |
| NAME | Paul A. Tobey |
| STREET ADDRESS | 2801 Fruitville Road, Suite 100 |
| CITY-ST-ZIP | Sarasota, FL 34237 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Jean A. Tobey |
| STREET ADDRESS | 2801 Fruitville Road, Suite 100 |
| CITY-ST-ZIP | Sarasota, FL 34237 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/1/98

(941) 954-1359

CR2E034 (10/97)