

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90178 016 ***150.00

DOCUMENT # G83557

1. Corporation Name

G & S LAND DEVELOPMENT COMPANY, INC.

Principal Place of Business

1980 S SUNCOAST BLVD
HOMOSASSA FL 34448
US

Mailing Address

20495 BEALS CHAPEL RD
P. O. BOX 388
LENOIR CITY TN 37772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1984

4. FEI Number

59-2380702

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 20495 BEALS CHAPEL RD

22 City & State

27 City & State
28 LENOIR CITY, TN

23 Zip

Country

29 Zip

Country

24 25 29 30 37772 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERCHI, GEORGE L
1980 S SUNCOAST BLVD.
HOMOSASSA FL 34448

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STERCHI, GEORGE L
STREET ADDRESS 20495 BEALS CHAPEL RD
CITY-STATE-ZIP LENOIR CITY TN

1.1 TITLE ☐ Change ☐ Addition

TITLE STD ☒ DELETE

NAME GRIFFITH, CHARLES A
STREET ADDRESS 1115 KINGS BAY DRIVE, SW
CITY-STATE-ZIP CRYSTAL RIVER FL

2.1 TITLE ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME STERCHI, GAIL G
STREET ADDRESS 20495 BEALS CHAPEL RD
CITY-STATE-ZIP LENOIR CITY TN 37772

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

(423) 986-1074

Daytime Phone #

CR2E034 (11/98)