


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

paid

1997 JUL 23 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G92732 (8)

1. Corporation Name
GKQ, INC.



Principal Place of Business P.O. BOX 150054 NAS CECIL FIELD JACKSONVILLE FL 32215 US	Mailing Address P.O. BOX 150054 NAS CECIL FIELD JACKSONVILLE FL 32215 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 26	Zip 29
Country 27	Country 30

3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 04/10/1996
4. FEI Number 59-2399768	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARCEAU, MICHELLE
BOQ, BLDG 331, D AVENUE
NAS CECIL FIELD
JACKSONVILLE FL 32215**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARCEAU, MICHELLE	
STREET ADDRESS	BOQ, BLDG 331, NAS CECIL FIELD,	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEIL, KENNETH	
STREET ADDRESS	347 FOXRIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MARCEAU, MICHELLE	
STREET ADDRESS	BOQ, BLDG 331, NAS CECIL FIELD	
CITY-ST-ZIP	JACKSONVILLE FL	
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	

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****165.00 ****165.00

*160
7/23/97*

14. I do 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: *Michelle Marceau, President GKQ, Inc 21 July 1997*

CR2E034 (4/97)

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P.O. Box 150054
NAS Cecil Field
Jacksonville, FL 32215

July 21, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To the Administrative Manager:

I am writing as President of GKQ, Inc., a Florida Corporation, in response to the SECOND 1997 Profit Corporation Annual Report Packet I received in the mail today. I received an identical packet in January and paid the required \$165 fee on January 3, 1997 (please see enclosures). Upon receiving this second packet today, I called my bank and learned the check mailed to you in January was never processed.

I called the Division of Corporations today to explain the apparently lost mail and Corporate Document Examiner Ms. Robin Easom requested that I send a replacement check for the amount of \$165.00 along with the completed duplicate Annual Report. I have thus enclosed these replacement items as well.

Please call me at 904-777-8867 if you have any questions.

Sincerely,



Michelle Marceau
President, GKQ, Inc.

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