FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H17570** **(3)**

1. Corporation Name

GNP ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% RICHARD D. SABA 1390 MAIN STREET, SUITE 824 SARASOTA FL 34236-5678	% RICHARD D. SABA 1390 MAIN STREET, SUITE 824 SARASOTA FL 34236-5678

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1984

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 7668 S. Tamiami Trail
Suite, Apt. #, etc.
22 Suite A
City & State
23 Sarasota, FL
Zip 24 34231 County 25

2a. Mailing Address
26 2033 Main Street
Suite, Apt. #, etc.
27 Suite 303
City & State
28 Sarasota, FL
Zip 29 34237 County 30

4. FEI Number: 59-2440644 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SABA, RICHARD D.
1390 MAIN STREET, SUITE 824
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street

83 Suite 303

84 City Sarasota FL 85 Zip Code 34237

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when manifesting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	☒ Change	☐ Addition
NAME	PEARCE, GEORGE N.	12 NAME		
STREET ADDRESS	7668A S. TAMIAMI TRL	13 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	34231	
TITLE	STD	21 TITLE	☒ Change	☐ Addition
NAME	PEARCE, LINDA M.	22 NAME		
STREET ADDRESS	7668A S. TAMIAMI TRL.	23 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	34231	
TITLE		31 TITLE	☐ Change	☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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: George N Pearce 4/15/95 813 923 4040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0341997 CP