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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H54209

1. Corporation Name

GH LIQUIDATION CORPORATION

Principal Place of Business

1852 40TH TERR. SW
STE E
NAPLES FL 33999
US

Mailing Address

% GWITLOCK. CPA
2590 GOLDEN GAGE PKWY #101
NAPLES FL 34105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1985

4. FEI Number

59-2531073

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LABRECHE, KENNETH B.
1852-E 40TH TERRACE SW
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name

GARY WITTOCK CPA

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

2590 GOLDEN GAGE PKWY #101

83

84 City

NAPLES

FL

85 Zip Code

34105

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

TITLE ☐ DELETE
NAME LABRECHE, KENNETH
STREET ADDRESS 1852-E 40TH TERRACE SW
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME LABRECHE, DEBRA A
STREET ADDRESS 1852 E 40TH TERRACE SW
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME GARY W WHITTOCK
STREET ADDRESS 2590 GOLDEN GAGE PKWY
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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

2/12/99

941-434-5818

Date

Daytime Phone #

CR2E034 (11/98)