

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90242 018 ***150.00

DOCUMENT # H64596

1. Entity Name
G P CONSTRUCTION CO. OF OCALA, INC.



Principal Place of Business

**3681 S.W. 52ND TERRACE
OCALA, FL 34474 US**

Mailing Address

**1721 SE 16TH AVENUE
SUITE #104
OCALA, FL 34479 US**

60002406



2. Principal Place of Business

1721 SE 16 Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite # 104

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

USA

Zip

34471

Country

01052006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2549190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAYLORD, RONALD G.
3681 S.W. 52ND TERRACE
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name **Gregory S. Flanagan**

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

2701 SE Maricamp Rd

Suite 104

City

Ocala

FL

Zip Code

34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **GAYLORD, RONALD G SR.**
STREET ADDRESS **3681 S.W. 52ND TERRACE**
CITY-ST-ZIP **OCALA, FL**

TITLE **T** ☐ Delete
NAME **GAYLORD, RONALD G JR.**
STREET ADDRESS **3681 S.W. 52ND TERRACE**
CITY-ST-ZIP **OCALA, FL**

TITLE **VP** ☒ Delete
NAME **MACE, MATHEW C VP**
STREET ADDRESS **5001 SW 20TH STREET**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

01/12/06