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MAY 22 AM 10:15

**REGISTERED OFFICE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H65896 (3)

1. Corporation Name:

GG'S SERVICES OF TAMPA BAY, INC.

Principal Place of Business:

**612 BARKFIELD LOOP
BRANDON FL 33511
US**

Mailing Address:

**% GAYLE PARHAM
612 BARKFIELD LOOP
BRANDON FL 33511**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: **07/11/1985** 3a. Date of Last Report: **03/22/1994**

4. FEI Number: **59-2050955** 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**

6. Does corporation have liability for intangible tax under 6.100, Fla. Statute: ☐ Yes ☒ No

2. Principal Place of Business:

21

2a. Mailing Address:

26

State: **FL** Apt. # etc.

State: **FL** Apt. # etc.

City & State:

23

City & State:

28

24. ☐ 25. ☐

29. ☐ 30. ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARHAM, GAYLE
612 BARKFIELD LOOP
BRANDON FL 33511**

81. Name:

82. Street Address (P.O. Box Number, Not Applicable):

83.

84. City:

FL

85. Zip Code:

11. I, the undersigned, in the presence of two bona fide disinterested persons, the above named corporation submits this statement for the purpose of changing its registered office to 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 hereby waiving my right to disqualification as the registered agent, Florida Statute.

SIGNATURE (9)

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

NAME	PD PARHAM, GAYLE 612 BARKFIELD LOOP BRANDON FL
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
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STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY	
4. STATE	
5. ZIP	
6. NAME	☐ Change ☐ Addition
7. STREET ADDRESS	
8. CITY	
9. STATE	
10. ZIP	
11. NAME	☐ Change ☐ Addition
12. STREET ADDRESS	
13. CITY	
14. STATE	
15. ZIP	
16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS	
18. CITY	
19. STATE	
20. ZIP	
21. NAME	☐ Change ☐ Addition
22. STREET ADDRESS	
23. CITY	
24. STATE	
25. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the purposes stated in Section 6.100(2)(b), Florida Statute. Further, I certify that the information indicated as the principal place of supplemental annual report is true and correct 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 Brandon incorporated to carry out this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if changed, or on an affidavit with an affidavit.

SIGNATURE:

Gayle Parham **President**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GAYLE PARHAM

1/17/95 813-689-0248