## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H84172

(6)

G.M.G. PROPERTIES, INC. Principal Place of Business Mailing Address 4823 THOMAS DRIVE 4823 THOMAS DRIVE PANAMA CITY BEACH FL 32408-6917 PANAMA CITY BEACH FL 32408 3a. Date of Last Report 3. Date Incorporated or Qualified 11/05/1985 03/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2624374 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 2 ipCountry Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLSAP, LINDA 4909 HISPANIOLA ST 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY BEACH FL 32408 83 84 City Zip Code 85 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. Lam familiar with land accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or priblish name of registers diagent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DVP DELETE Change Addition 11 TITLE TITLE GOMEZ. MIGUEL NAME 1.2 NAME CR2E034 4823 THOMAS DR STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BCH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE DST MCLENDON, JERRY NAME 2.2 NAME 4823 THOMAS DR 2 3 STREET ADDRESS STREET ADDRESS PANAMA CITY BCH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE FIALIE 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS CITY-\$1-ZP 34. CITY-ST-ZIP DELETE Change Addition THE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE Addition Change TILE 51 TITLE NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** 

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.

5.4 City - ST - ZiP

**6.3 STREET ADDRESS** 

64 CITY - ST - ZIP

61 TITLE

62 NAME

DELETE

**SIGNATURE:** 

OffY-\$1-7-2

STREET ADDRESS

CITY-S1-ZIP

TOTLE

NAME

1/19/5

Daytime Phone #

Change

Addition

FILED

Jan 27 1997 8:00am

Secretary of State