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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

J11448

(4)

G. R. FRANZ, INC.

FILED							
Apr	17	1998	8:00am				
Se	cre	tary o	f State				

S. Fig. 471 P. O BOX 711 P. O B						
BUSHNELL FL 33137711	Principal Place	of Business	Mailing Address		I 1001318 0101 11034 11011 01011 01001 F041 01011 1	ABDI BIJUFF DIDIH DIDIH BIBHF 1884
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28 28 28 29 30 Personal Property Tax due Juine 30 No. No		Country	Zip	Country		
CONIGLO, JOHN 104 N. WEBSTER STREET WILDWOOD FL 32785 82 Street Address (P.O. Box Number is Not Acceptable) 83	24			30		
TILE PRANSOFFKEE FL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 TILE PRANSOFFKEE FL OFFICER SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 TILE PRANSOFFKEE FL OFFICER SAND OFFICER SAND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 TILE PRANSOFFKEE FL OFFICER SAND OFFICE			nt Registered Agent		10. Name and Address of New Registers	ed Agent
WILDWOOD FL 32785 BY BY City FL BS Zip Code 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 signed and familiar with, and accept the objection 607 0506. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 of the following provided agent agent and the second of the purpose of change is registered agent agent and the second of the purpose of change is registered agent agent and the purpose of change is registered agent				B1 Name		
BS BA City FL BS Zip Code				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
Section Part Part Section Part	į Will	WOOD FL 32785		R2		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this attement for the purpose of changing its registered officion 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 spent and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	[••		
11. Pursuant to the provisions of Sections 607 (502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 (5005, Florida Statutes.) SIGNATURE				84 City		85 Zip Code
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRANZ, GARY ROLF CR 412 LAKE PANASOFFKEE FL TITLE FRANZ, ROLF COLY. ST. 2P LAKE PANASOFFKEE FL TITLE ST TITLE TITLE ST TITLE TITLE TITLE ST TITLE TITL	11. Pursuant to	the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s. the above-named corr		
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRANZ, GARY ROLF CR 412 LAKE PANASOFFKEE FL TITLE FRANZ, ROLF COLY. ST. 2P LAKE PANASOFFKEE FL TITLE ST TITLE TITLE ST TITLE TITLE TITLE ST TITLE TITL	office or reg	gistered agent, or both, in the State i familiar with, and accept the oblic	of Florida, Such change was au	uthorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
Signature, typed or present approximate of temporations (NOTE Registered Agent signature required when nemating) DATE	1		3.00.00 01, 000.001 007.0000, 1 101	iou ciutotos.		
TITLE	S			Registered Agent signature requi	ired when re-natating) DATE	
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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.

SIGNATURE.

Karin F

with an address.

4-11-68

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CR2E034 (10/97)