

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sondra B. McPham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J76219** (1)

1. Corporation Name
G & G PAINTING INC.



Principal Place of Business: **C/O GREGORY D BROWN, P O BOX 569, 7190 NORTH PALMER WAY, HERNANDO FL 34442, US**

Mailing Address: **C/O GREGORY D BROWN, P O BOX 569, 7190 NORTH PALMER WAY, HERNANDO FL 34442, US**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)

3. Date Incorporated or Qualified: **06/05/1987**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **59-2801562**
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 has liability for intangible tax under s. 199.03? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GREGORY D BROWN, 7190 N PALMER WAY, HERNANDO FL 34442

10. Name and Address of New Registered Agent
81 Name: **GREGORY D. BROWN**
82 Street Address (P.O. Box Number is Not Acceptable): **7190 N. PALMER WAY**
83 **HER**
84 City: **HERNANDO** FL 85 Zip Code: **34442**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *Gregory Brown* DATE: **2/12/96**

12. OFFICERS AND DIRECTORS

11a. TITLE	PTD	<input type="checkbox"/> DELETE
11b. NAME	BROWN, GREGORY D.	
11c. STREET ADDRESS	7190 N PALMER WAY	
11d. CITY, ST, ZIP	HERNANDO FL	
11e. TITLE	SDV	<input type="checkbox"/> DELETE
11f. NAME	BROWN, JULIA A.	
11g. STREET ADDRESS	7190 N PALMER WAY	
11h. CITY, ST, ZIP	HERNANDO FL	
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY, ST, ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gregory Brown* DATE: **2/12/96 (904) 726 4470**

CR2E034 (12/95)