

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34442-2186 US
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3. Date Incorporated or Qualified 06/05/1987	3a. Date of Last Report 02/15/1996
4. FEI Number 59-2801562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9672 E. GOSPEL ISL RD	2a. Mailing Address 26 P.O. BOX 569
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 INVERNESS FL	City & State 28 HERNANDO FL
Zip 24 34450	Country 25 US
Country 29 US	Zip 30 34442

g. Name and Address of Current Registered Agent
**BROWN, GREGORY D
7190 NORTH PALMER WAY
HERNANDO FL 34442**

10. Name and Address of New Registered Agent

81 Name BROWN, GREGORY D.
82 Street Address (P.O. Box Number is Not Acceptable) 9672 E. GOSPEL ISLAND ROAD
83
84 City INVERNESS
85 State FL
86 Zip Code 34450

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Gregory Brown P.T.D. DATE 3/24/97

Signature of person named as registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PTD	<input type="checkbox"/> DELETE
NAME BROWN, GREGORY D.	
STREET ADDRESS 7190 N PALMER WAY	
CITY-ST-ZIP HERNANDO FL	
TITLE SDV	<input type="checkbox"/> DELETE
NAME BROWN, JULIA A.	
STREET ADDRESS 7190 N PALMER WAY	
CITY-ST-ZIP HERNANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME BROWN, GREGORY D.	
1.3 STREET ADDRESS 9672 E. GOSPEL ISLAND RD.	
1.4 CITY-ST-ZIP INVERNESS FL 34450	
2.1 TITLE SDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BROWN, JULIA A.	
2.3 STREET ADDRESS 9672 E. GOSPEL ISLAND RD.	
2.4 CITY-ST-ZIP INVERNESS FL 34450	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Gregory Brown **Gregory Brown** DATE 3/21/97 3527264470

Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)