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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation Na	ENT # J8785 (0 (0)					
G & T !	INVESTMENTS, INC.						
Principal Place of	Business	Maling Address			i indition dien totale ioner anser arrite	D&(1 01916 01011 0101	\$1911 \$1844 \$1811 (484
305 OHIO AVENUE 305 OHIO			144				
LYNN HAVEN	FL 32444	LYNN HAVEN FL 324	LINN MAYEN FL 32444		Date Incorporated or Qualified	3a. Date of Las	t Report
					08/14/1987	02/02	2/1995
2. Principal Place	of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
21		26			\$8.75 Additional		Not Applicable 75 Additional
Suite, Apt. #, (etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		ee Required
City & State		City & State			6. Election Campaign Financing		5.00 May Be
23		28			Trust Fund Contribution L.J Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
Zip	Zip Country		Country 30		Florida Statutes XXX Yes No		
24	9. Name and Address of Current	[29] Registered Agent	[30]		10. Name and Address of New Re	gistered Agent	
			8	1 Name			
HUGHES, GEORGE M.			8	2 Street Add	Address (P.O. Box Number is Not Acceptable)		
305 OH	IÓ AVE		83				
LYNN HAVEN FL 32444				<u></u>			Zıp Code
			84 City				· .
ALCONOTO ICE	, and accept the obligations of, Sectional accept the obligations of registered agent. OF FICERS ANI	and re-ita;şiiabis (N:			cration submits this statement for the purpart of directors. I hereby accept the appoint when is instated. ADDITIONS/CHANGES TO OFFICE.	DATE CERS AND DIRE	CTORS IN 12
TITLE	PO	GHES, GEORGE M.		.E	•	Cha	ange []] Addition
NAME	HUGHES, GEORGE M.			1			
STREET ADDRESS	908 PITTS AVE.	ILIO VAL:		FEF ADDRESS F-ST-7IP			
CITY-ST-ZIP TITLE	PANAMA CITY FL ST	DELETE	2 1 111			XX Cha	ange [] Addition
NAME	BLACKMAN, SYLVIA J.	KMAN, SYLVIA J.		A E	McCrory, Sylvia J.		
STREET ADDRESS	416 TENNESSEE AVE.			EET ADDRESS			
CITY-ST-ZIP	LYNN HAVEN FL	LINN NAVEN IL		Y-ST-ZIP		Cn	ange Addition
TITLE NAME		<u> </u>	3 2 NAM	vite			
STREET ADDRESS			3.3. STI	REEL ADDRESS			Į
CHTY-ST-ZIP		Farry		Y - ST - ZIP		☐ Ch	ange [7] Addition
TITLE		DELETÉ	4. 1 TIT 4.2 NA				_ ,
NAME DIDDECE				REET ADDRESS			
STREET ADDRESS CITY-S1-ZIP			4.4 CIT	Y-ST-ZIP			- Addition
TITLE	121-			ILE		<u> </u>	nange 🔲 Addition
NAME			5 2 NA				
STREET ADDRESS				REE1 ADDRESS LY+\$1-ZIP			
DITY-ST-ZIP TITLE			6. 1 71		Change Addit		nange 🔲 Addition
NAME			62 NA				
STREET ADDRESS			1	REET ADDRESS			
1			6400	1Y-ST 21F			

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 certify 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 3 if changed, or on an attachment with an address.

SIGNATURE:

05/06/96

(904) 265-4426 Daytine Phone #

CR2E034 (12/95)