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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J94603

(4)

1. Corporation Name

GNG PRODUCTIONS, INC.

Principal Place of Business

KOA CAMPGROUNDS
1300 OLD MISSION RD
NEW SMYRNA BCH FL 32168

Mailing Address

KOA CAMPGROUNDS
1300 OLD MISSION RD
NEW SMYRNA BCH FL 32168-0642



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WARD, GILBERT
1701 N. U.S. 1
ORMOND BEACH FL 32174

3. Date Incorporated or Qualified

09/25/1987

3a. Date of Last Report

04/04/1996

4. FEI Number

59-2860239

Applied For

Not Applicable

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Patient, Gary

82 Street Address (P.O. Box Number is Not Acceptable)

1300 Old Mission Road

83

84 City New Smyrna Beach

FL

85 Zip Code 32168

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 *Gary Patient*
Signature of person or printed name of registered agent and title if applicable

Gary Patient

1-27-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, GILBERT
STREET ADDRESS 1701 N. U.S. 1
CITY-ST-ZIP ORMOND BEACH FL ☒ DELETE

TITLE VPD
NAME PATIENT, GARY
STREET ADDRESS 1300 OLD MISSION RD
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ DELETE

TITLE SD
NAME WARD, LINDA
STREET ADDRESS 1701 N US 1
CITY-ST-ZIP ORMOND BCH FL ☒ DELETE

TITLE TD
NAME PATIENT, DORIS
STREET ADDRESS 1300 OLD MISSION RD
CITY-ST-ZIP NEW SMYRNA BCH FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Patient, Gary ☒ Change ☐ Addition
1.3 STREET ADDRESS 1300 Old Mission Rd
1.4 CITY-ST-ZIP New Smyrna Bch, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Patient, Doris ☒ Change ☐ Addition
3.3 STREET ADDRESS 1300 Old Mission Rd
3.4 CITY-ST-ZIP New Smyrna Bch, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Doris Patient* Doris Patient

1-27-97

904 427-3581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)