

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 008 ***150.00

DOCUMENT # K21897

1. Corporation Name

G & F INTERNATIONAL INTERIORS, INC.

Principal Place of Business

1136 SQUIRREL NEST
PORT ORANGE FL 32119
US

Mailing Address

1136 SQUIRREL NEST
PORT ORANGE FL 32119
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1988

4. FEI Number

59-2877744

Applied For

Not Applicable

5. Certificate of Status Desired

☐ N/A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ N/A

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 27 Jana Drive

26 27 Jana Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ponce Inlet,

27 Ponce Inlet

City & State

City & State

23 Florida

28 Florida

Zip Country

Zip Country

24 32127 25

29 32127 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUGHES, BARRY E.
2001 SO. RIDGEWOOD AVE.
SO. DAYTONA FL 32019

81 Name

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

83

84 City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
ST
RYAN, GLORIA M.
STREET ADDRESS
1136 SQUIRREL NEST
CITY-STATE-ZIP
PORT ORANGE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
27 Jana Dr.
Ponce Inlet FL 32127

TITLE
NAME
P
RYAN, DANIEL
STREET ADDRESS
1136 SQUIRREL NEST
CITY-STATE-ZIP
PORT ORANGE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
27 Jana Dr.
Ponce Inlet, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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, with a different like empowered.

SIGNATURE:

Gloria M. Ryan, ST 4/23/99 904 761 6790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)