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

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DOCUMENT # 1, Corporation Name

K52090

(3)

G & T FOLIAGE EYPRESS INC

GAI	FOLIAGE EXPHESS, INC.												
Principal Place	of Business	Ma	iling Address								 	(B)) Q(Q)) B(Q))	
% Hannah S. Teal 88 West Ponkan Rd Apopka Fl. 32712		P.O. BOX 2067 APOPKA FL 32704-2067											
	•							Date Incorporated or 12/19/1988	Qualified	3a. D	ate of Last 05/01/1	,	
2. Principal Pla	ace of Business		Maling Address				4. F	El Number				Applied Fo	
21 Contract to	l sta	26	5 in Kat	· - · · · · ·			59-2941206				Not Applica		
Suite, Apt. #	r, etc.	27	Suite, Apt. #, etc.				5. 🤇	Dertificate of Status (Desired	K		75 Additionale Required	a!
City & State		City & State						ection Campaign Financing			\$5.00 May Be		
23			28					rust Fund Contributi				บบ мау ве led to Fees	
Zφ	Country		Zip	Cou	intry		B. T	his corporation has	liability for	intangible			
24	25	29		30			F	lorida Statutes	Yes	⊢□No			
	g. Name and Address of Curren	t Regist	ered Agent					Name and Address	of New F	Registere	d Agent		
					81	Name							
	iannah s.				82	Street	Address (P.O	Box Number is No	t Acceptat	ole)			
88 WEST PONKAN ROAD													
APOPK	A FL 32712				83								
2					84	City	.,				85	Zip Code	
11. Pursuant to	o the provisions of Sections 607.0502	and 607	1508. Florida Statute	es the abo	ll	iamed e	corporation sur	binits this statement	for the nu	roose of a	changing its	s registered (Office
[or register∈	ed agent, or both, in the State of Florid h, and accept the obligations of, Sect	Ju Such	change was authorize	ed by the c	corp	oration's	s board of ore	ectors. Thereby acce	pt the app	ointment	as register	ad agent. La	មា មា
	n, and accept the obligations of, Secti	ULDUT.L	2000, Florida Statutes										
SIGNATURE	Signaturo Bysed or printer han einfregisteren agent.	a al Herbaj	pliate (NO	Ok Hogisterer	i Ages	disignatare, r	mijiroliwhei ier:	stafir gi		DATE			
12.	OFFICERS AND) DIREC		13.				DDITIONS/CHANGE	S TO OFF	ICERS A	ND DIRECT	ORS IN 12	
TITLE	PD		DELETE	1 1 [IILE						Change		1100
NAME	GILLIARD, J. D., JR.			12 N	AME		,						
STREET ADDRESS	88 W PONKAN RD			13\$	IREE I	ADORESS							
CITY+ST-ZIP	APOPKA FL			14C	rv - S	T - ZIP				**			
TITLE	DST		D€LETE	2 1 1	HLE						☐ Change	Addit	tion
NAME	TEAL, HANNAH S.			2 2 N	AME								
STREET ADDRESS	2967 AUTUMNWOOD TRL.					ADDRESS							
CITY-ST-ZIP TITLE	APOPKA FL		"" F"\ SELCIE	240		T - ZiP							
NAME	VP Gilliard, ray		DELETE	3 1 1							Change	e 🔲 Addit	ItOn
STREET ADDRESS	120 W. PONKAN RD.			32 N									i
CITY-ST ZIP	APOPKA FL					ADDRESS							
TITLE	VP		DELETE	34 C		T - ZIP	 			-	Change	Additi	ting
NAME	GILLIARD, JERRY			4 2 N							C Change		,101-
STREET ADDRESS	88-E W. PONKAN RD.					ADDRESS							ļ
CITY-ST-ZIP	APOPKA FL					τ. Ζ :Ρ							
TITLE	***		DELETE	5 1 1		E-II	VP				Change	e [X Addit	tior
NAME				5 2 N			GILLIA	20, 7.0.7	IC _				
STREET ADDRESS				535	TAEET	ADDRESS	88 WE	ST PONKA	y 701	nD			
CITY-ST-ZIP				540	ITY - \$	r-7P	APOPKI		327	12			
TITLE			DELFIE	6 1 T			1			-	Change	e 🔲 Addit	tion
NAME				6 2 N	4Mf								
STREET ADDRESS				6 3 S	TREET	ADDRESS							
CITY-SI-ZIP				64C	!TY - S	1-ZP	<u> </u>						

Lido hereby certify that the information supplied with this filting 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 this 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Wannah &

A SECH

HANNAH S. TEAL

05-15-96

401)889-3387

CR2E034 (12/95)