

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K56532 (0)**

1. Corporation Name  
**G L'S OARHOUSE, INC.**



Principal Place of Business: **4415 MICKLER CUTOFF PONTE VEDRA BEACH FL 32082 US**  
Mailing Address: **4415 MICKLER CUTOFF PONTE VEDRA BEACH FL 32082 US**

3. Date Incorporated or Qualified: **01/09/1989**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2934115**  
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

2. Principal Place of Business: **21** State: Apt., #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** State: Apt., #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**BUSCHMAN, ALBERT E., JR.  
2215 SOUTH THIRD STREET  
SUITE 101  
JACKSONVILLE BEACH FL 32250**

**10. Name and Address of New Registered Agent**

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 607.0602 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* (If the Registered Agent signature appears later, re-signing) DATE:

**12. OFFICERS AND DIRECTORS**

11.1 TITLE	<b>S</b>	<input type="checkbox"/> DELETE
11.2 NAME	<b>LEARY, GENE A</b>	
11.3 STREET ADDRESS	<b>214 S ROSCOE RD</b>	
11.4 CITY, ST, ZIP	<b>PONTE VEDRA BEACH FL</b>	
11.5 TITLE	<b>P</b>	<input type="checkbox"/> DELETE
11.6 NAME	<b>HYDE, MARVIN LEE</b>	
11.7 STREET ADDRESS	<b>4415 MICKLER CUTOFF</b>	
11.8 CITY, ST, ZIP	<b>PONTE VEDRA BEACH FL</b>	
11.9 TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
11.10 NAME	<b>BECKERLES, WILLIAM H</b>	
11.11 STREET ADDRESS	<b>637 PARK ST</b>	
11.12 CITY, ST, ZIP	<b>JACKSONVILLE FL</b>	
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY, ST, ZIP		
11.17 TITLE		<input type="checkbox"/> DELETE
11.18 NAME		
11.19 STREET ADDRESS		
11.20 CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY, ST, ZIP		
12.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST, ZIP		
12.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

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 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: *Marvin Lee Hyde* **2/20/96** **904-285-2636**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)