

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business <i>GL's Oarhouse Inc</i>		2a. Mailing Address <i>Same</i>		3. Date Incorporated or Qualified 01/09/1989	3a. Date of Last Report 02/22/1996
21. <i>4415 Mickler cutoff</i>	26. <i>Same</i>	4. FEI Number 59-2934115		Applied For Not Applicable	
22. <i>St. Udr Bch, FL</i>	27. <i>Same</i>	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. <i>32082</i>	28. <i>Same</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. <i>St. Johns</i>	29. <i>Same</i>	30. <i>Same</i>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
B1 Name				B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)				FL	
B3				B4 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEARY, GENE A	1.2 NAME	
STREET ADDRESS	214 S ROSCOE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, MARVIN LEE	2.2 NAME	
STREET ADDRESS	4415 MICKLER CUTOFF	2.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKERLES, WILLIAM H	3.2 NAME	
STREET ADDRESS	637 PARK ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Marvin Lee Hyde* DATE: *4/21/1997* 904 285-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)