

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L17101 (1)

1. Corporation Name

G & M LAND DEVELOPMENT, INC.

Principal Place of Business

402 NW 3RD ST.
OKEECHOBEE FL 34974
US

Mailing Address

420 SOUTHWEST 17TH AVENUE
PO BOX 243
OKEECHOBEE FL 34973



3. Date Incorporated or Qualified

09/20/1989

3a. Date of Last Report

06/23/1995

4. FEI Number

65-0146246

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

2. Principal Place of Business

2a. Mailing Address

21 115 NW 11TH AVE

26 POB 243

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Okeechobee Fla.

28 Okeechobee Fla.

Zip

Country

Zip

Country

24 34972

25 U.S.A.

29 34973

30 U.S.A.

9. Name and Address of Current Registered Agent

DAVIS, GARY
420 S.E. 17TH AVENUE
OKEECHOBEE FL 34974

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

Gary M. Davis

Signature typed or printed name of registered agent and its representative

11b. Registered Agent Signature required when registered

4-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DAVIS, GARY
STREET ADDRESS 420 S.W. 17TH AVENUE
CITY- ST- ZIP OKEECHOBEE FL ☐ DELETE

TITLE STT
NAME DAVIS, NANCY
STREET ADDRESS 420 S.W. 17TH AVENUE
CITY- ST- ZIP OKEECHOBEE FL ☐ DELETE

TITLE V
NAME DAVIS, GLEN A.
STREET ADDRESS 700 S.W. 19TH COURT
CITY- ST- ZIP OKEECHOBEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Gary M. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

941-763-7110

CR2E034 (12/95)