FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 17, 2002 8:00 am **Secretary of State** DOCUMENT # L23636 1. Entity Name 01-17-2002 90029 048 ***158.75 G&H ENTERPRISES OF NW FLORIDA, INC. Principal Place of Business Mailing Address 624 N BEAL PKWY 624 N BEAL PKWY FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address 620 N BEAL GOON BEAL PKWY DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2973340 + WALlon GRY WALTON B Not Applicable ^{Zip} **325 48** OKALOOSA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nāmē GRAVES, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 624 N BEAL PKWY FT. WALTON BEACH FL 32547 Zip Code 8. The above named entity submits this statement for the purpose of changing هز registered office or registered agent, or both, in the State of Florida. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE PD □ Delete TITLE ☐ Addition NAME GRAVES, JOSEPH NAME STREET ADDRESS 620 NW BEAL PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete. TITLE Change... _ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET AD DRESS CITY-ST-7IP CITY-ST-ZIP 13. 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 report or supplemental 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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.