

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 11 1998 8:00am
Secretary of State

DOCUMENT # L36448 (3)
1. Corporation Name
GMB PRODUCTIONS, INC.

Principal Place of Business
RT 3 BOX 527P
HILLARD FL 32046
US

Mailing Address
RT 3 BOX 527P
HILLARD FL 32046
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Rt. 5, Box 9475
Suite, Apt. #, etc.

22 Hilliard, FL
City & State

23 32046
Zip

24 USA
Country

25
City & State

26
Suite, Apt. #, etc.

27
City & State

28
Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 1439
Suite, Apt. #, etc.

27 Hilliard, FL
City & State

28 32046
Zip

29 USA
Country

30
City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

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City & State

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Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/11/1989

4. FEI Number
58-1787797

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D BROWN, G. MICHAEL
NAME 1830 OCEAN FOREST DR
STREET ADDRESS FERNANDINA BEACH FL
CITY-ST-ZIP

TITLE D BROWN, BRENDA SUE
NAME 1830 OCEAN FOREST DR
STREET ADDRESS FERNANDINA BEACH FL
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice-President
1.2 NAME Curtis D. Vestal
1.3 STREET ADDRESS 3523 First Avenue
1.4 CITY-ST-ZIP Fernandina Beach, FL 32084

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

14. 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 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: _____ 1/27/97 904-845-4100

CR2E034 (10/97)