File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED **Katherine Harris** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -3 PM 1: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALLAHASSEE, FLORDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000000377** 1a. Principal Place of Business Address G&C ENTERPRISES OF TAMPA, L.C. 655 WEST BRANDON BLVD. 655 WEST BRANDON BLVD. BRANDON FL 33511 BRANDON FL 33511 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/31/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3438074 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζιρ Country \$6.75 Additional Fee Required 04/13/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ROLL, CLAUDE C 2208 SELKIRK ST Street Address (P.O. Box Number is Not Acceptable) VALRICO FL 33594 Suite Apt #, etc. Zip Code Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment registered agent, and accept the obligations DATE 4-24-44 SIGNATURE .. **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGRM ROLL, CLAUDE C 2208 SELKIRK ST. VALRICO FL Gducum 2871866--- 0 -05/11/99--01083--009 \*\*\*\*188.75 \*\*\*\*188.7\$ 11 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 Statules - I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. 4-29-49 SIGNATURE: