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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M78771

(6)

DOCUMENT #
1. Corporation Name

G & M DESIGN SERVICE, INC.

1811; 1861; 18 <b>48</b> ;	HARN ON HE	<b>8</b> 11 <b>0</b> 1811 01811 188

Suite, Apt. #, etc.	Principal Place	of Eusiness	Mailing Address				
JACKSOMNLE FL 32258 US	11246 DIST	RIBIJTION AVENUE E.	11246 DISTRIBUTIO	n avenue e.			
Section   Sect	SUITE #17						
Principal Packs of Business   2a. Malling Address   4. Fill Number   59-2888383   Reference For   1 Actions For   2		LLE FL 32258		32258			
Surface, Ap.L. #, Cl.   Surface, Ap.L. #, A	00		••			05/02/1988	03/21/1995
Suito, Appl. #, etc.   27	2. Principal Pla	ce of Business	2a. Mailing Address				Applied For
City & State   Fee Required   Fee Required   Fee Required   St. Certification of State Country   St. Out May Be Added to Pees   Pee   Pe	21		26			59-2886393	Not Applicable
Clip & State	Suite, Apt. #	, etc.	Suite, Apt. #, etc.		_	Cedificate of Status Desired	
28	22		_ +				Fee Required
29   20   20   20   20   20   30   30   50   50   50   50   50   5			<u>├</u> ──				1 1
25			<del></del>	Count			Added to Fees
Solid   Name and Address of Current Registered Agent   Solid   Name and Address of New Registered Agent   Solid   Name   Sol		├ <del>-</del> ¬ ' '	<u></u> +¬, '	<u> </u>	/		•
WIDMAN, MARGARE A ESQUIRE 50 NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  11. Pursuant to this provisions of Sections 607,6502 and 607,500. Florida Statutes, be above named corporation submits this statement for the purpose of changing its registered eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered office or rejected eigent, 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 eigent, and a corporation submits this statement for the purpose of changing its registered diffice or registered eigent, and a corporation authorized by the corporation's board of directors. I hereby accept the appointment as registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statement for the purpose of changing its registered eigent. I am statemen	24			[30]			
SO NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  84 Crty FL 85 Zep Code  11. Favoragement to this provisions of Sections 807 0502 and 607.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or registered riginal, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the objective objective objection 607.0505 Honds Statutes.  SIGNATURE Signature, to the interest provision of a price of part and the face water agent. I am for the purpose of changing its registered agen		5. 114		81	Name		
SO NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  84 Crty FL 85 Zep Code  11. Favoragement to this provisions of Sections 807 0502 and 607.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered diffice or registered riginal, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the objective objective objection 607.0505 Honds Statutes.  SIGNATURE Signature, to the interest provision of a price of part and the face water agent. I am for the purpose of changing its registered agen	WIDMA	N MARGARE A ESQUIRE			<u> </u>	700 0 11 11 11 11 11	
SUITE 3900				82	Street	Address (P.O. Box Number is Not Acceptal	ole)
### 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 signific of bottle of Florida. Statutes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arm familiar with, and accept the obligations of Section 607.0505. Florida Statutes.  SIGNATURE  Signification for pure final pure all pure agents agents agents agents agent and the 1 sect statute.  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.    12. OFFICERS AND DIRECTORS   1.1 Init				83	<del> </del>		
11. Pursuant to this 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, it is statement to the provisions of Sections 607.0502 and 607.0502. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, I am in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am in the State of the registered agent. I am in the State of the registered agent of the registered agent of the registered agent. I am in the State of the registered agent of the registered agent. I am in the State of the registered agent. I am in the state of the registered agent. I am in the State of the registered agent. I am in the state of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in the State of the registered agent. I am in th					ļ.,		
11. Payment to this provisions of Sections 607 0500 and 607 1508, Fivilia Statutes, the above named corporation submits this statement for the purpose of changing its registered office for registered spert, or both in this State of Florida. Such interest of Florida Submits of	<b>4</b> , 10, 10			84	City		FL 85 Zip Code
or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am tamilar with, and accept title obligations of, Section 607.0505, Florida Statutes.    SIGNATURE	11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-	named o	corporation submits this statement for the pu	roose of changing its registered office
SIGNATURE	or registere	ed agent, or both, in the State of Florid	a. Such change was authori	zed by the corp	ooration'	s board of directors. I hereby accept the app	pointment as registered agent. I am
12.		n, a to accept the conganons or, cook	on bor locot, norda etatate				
TILE	SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if apr icable (N	OTE Registered Age	nt signature	required when reinstating)	DATE
TISON, THOMAS A.   12   12   12   12   12   13   12   13   13	12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OF	
11246 DISTRIBUTION AV 17	TITLE		□ DELETE	1 1 TITLE			Change Addition
City-St-ZiP	NAME			1 2 NAME			
TISON, THOMAS A.   11246 DISTRIBUTION AV 17   23 STREET ALORESS   11246 DISTRIBUTION AV 17   24 CITY-ST-ZIP   24 CITY-ST-ZIP   27 NAME   11246 DISTRIBUTION AV 17   28 NAME   1150N, THOMAS A.   37 NAME   38 NREET ALORESS   39 NAME   39 NAM	STHEET ADDRESS			1.3 STREE	T AUDRESS		
TISON, THOMAS A.   22 NAME   23 STREET ADDRESS   11246 DISTRIBUTION AV 17   23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   25 CITY-ST-ZIP   26 CITY-ST-ZIP   27 CITY-ST-ZIP   27 CITY-ST-ZIP   28 CITY-ST-ZIP   28 CITY-ST-ZIP   29 CITY-ST	CI1Y - ST - 7IP			1.4 CITY-	ST-ZIP		
11246 DISTRIBUTION AV 17	TILE		DELETE	2 1 TITLE			Change Addition
Delete   Change	NAMÉ		_	2 2 NAME			
TAS	STREET ADDRESS		,	2 3 STREE	T AUDRESS		
TISON, THOMAS A.   32 NAME   33 STREET ADDRESS   11246 DISTRIBUTION AV 17   33 STREET ADDRESS   34 CITY-ST-ZIP   JACKSONVILLE FL   34 CITY-ST-ZIP	Cily-St-ZiP						
11246 DISTRIBUTION AV 17   33 STREET ADDRESS   11246 DISTRIBUTION AV 17   34 CITY-ST-ZIP	T'TLE		[ ] DELEJE				. L' Change L Addition
CITY-S1-ZIP	NAME	•	•				
TITLE	STREFT ADDRESS		ı			5	
NAME   STREET ADDRESS   11246 DISTRIBUTION AV 17   4.3 STREET ADDRESS   JACKSONVILLE FL   4.4 CITY-SI-ZIP			Fibritie				Change C Addition
STREET ADDRESS   11246 DISTRIBUTION AV 17			ET DELETE				Thermalis The Woodington
CIEY-SI-ZIP	NAME		•				
TITLE	STREET ADDRESS						
NAME   WIDMAN, MICHAEL U.   52 NAME			FT herere				Change C Addition
SHEET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP  6 1 TITLE 6 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 STREET ADDRESS CITY-ST-ZIP 66 CITY-ST-ZIP		I =					Change Addition
SA CITY-ST-ZIP			,				
TITLE         DELETE         6 1 TITLE         Change Addition           NAME         62 NAME           STREEL ADDRESS         63 STREEL ADDRESS           CITY-ST-ZIP         64 CITY-ST-ZIP						1	
NAME         62 NAME           STREEL ADDRESS         63 STHELL ADDRESS           CITY-SI-ZIP         64 CITY-SI-ZIP		DACKSONVILLE FL.	[7] DELETE	<del></del>		<del></del>	Change C Addition
STREEL ADDRESS CITY-ST-ZIP 63 STHEEL ADDRESS 64 CITY-ST-ZIP							C orange C receipt
CITY-ST-ZIP 64 CITY-ST-ZIP	i						
						`	
	CITY-SI-ZIP	y certify that the information supplied y	with this filing is voluntarily for			Lualify for the exemption stated in Section 119	3.07(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:

AME OF SIGNING OFFICER OR DIRECTOR

4-22-96 904-292-4453