FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M78771** **(6)**

1. Corporation Name
G & M DESIGN SERVICE, INC.

Principal Place of Business	Mailing Address
11246 DISTRIBUTION AVENUE E. **SUITE #17** **JACKSONVILLE FL 32258** **US**	**11246 DISTRIBUTION AVENUE E.** **SUITE #17** **JACKSONVILLE FL 32256-2709** **US**

3. Date Incorporated or Qualified: **05/02/1988**	3a. Date of Last Report: **04/26/1996**
4. FEI Number: **59-2886393**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WIDMAN, MARGARE A ESQUIRE
50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: William T. Jimerson II
82 Street Address (P.O. Box Number is Not Acceptable): 11246 DISTRIBUTION AVE. E. # 17
83
84 City: Jacksonville FL 85 Zip Code: 32256

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: [signature] William T. Jimerson II (PRES) 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PRES. + DIR.	☒ Change ☐ Addition
NAME	TISON, THOMAS A.		1.2 NAME	William T. Jimerson II	
STREET ADDRESS	11246 DISTRIBUTION AV 17		1.3 STREET ADDRESS	11246 Distribution Ave. E #17	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	AT	☒ DELETE	2.1 TITLE	Vice-Pres. + DIR.	☒ Change ☐ Addition
NAME	TISON, THOMAS A.		2.2 NAME	Julie M Jimerson	
STREET ADDRESS	11246 DISTRIBUTION AV 17		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TAS	☒ DELETE	3.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	TISON, THOMAS A.		3.2 NAME	William T Jimerson II	
STREET ADDRESS	11246 DISTRIBUTION AV 17		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TDV	☒ DELETE	4.1 TITLE	SEC	☒ Change ☐ Addition
NAME	WIDMAN, MICHAEL U.		4.2 NAME	Julie M Jimerson	
STREET ADDRESS	11246 DISTRIBUTION AV 17		4.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIDMAN, MICHAEL U.		5.2 NAME		
STREET ADDRESS	11246 DISTRIBUTION AV 17		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: [signature] WITNESS TITLE REQUIRED 4/28/97 904-292-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #