

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90183 045 ***150.00

DOCUMENT # M78771

1. Corporation Name

G & M DESIGN SERVICE, INC.



Principal Place of Business

11246 DISTRIBUTION AVENUE E.
SUITE #17
JACKSONVILLE FL 32258
US

Mailing Address

11246 DISTRIBUTION AVENUE E.
SUITE #17
JACKSONVILLE FL 32258
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 11351 Old St. Augustine Rd.

2a. Mailing Address

26 11250 Old St. Augustine Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 340

27 15-353

City & State

23 Jacksonville, Florida

City & State

28 Jacksonville, Florida

Zip

24 32257

Country

25 USA

Zip

29 32257

Country

30 USA

9. Name and Address of Current Registered Agent

JIMERSON, WILLIAM T II
11246 DISTRIBUTION AVE E #17
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Jimerson, William T II

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

11351 Old St. Augustine Rd. #340

83

84 City

Jacksonville

FL

85 Zip Code

32257

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

1 or printed name of

Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11351 Old St. Augustine Rd. #304
Jacksonville FL 32257

☒ Change ☐ Addition

11351 Old St. Augustine Rd. #304
Jacksonville Florida 32257

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with a different like empowered.

SIGNATURE:

Julie Jimerson Julie Jimerson

Date

Daytime Phone #

904-465-0683

CR2E034 (11/98)