

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M93873

(1)

1. Corporation Name

G. VOELLER ENTERPRISES, INC.

Principal Place of Business

C/O C.J. GUPTON
8823 LEM TURNER RD
JACKSONVILLE FL 32208-2679

Mailing Address

C/O C.J. GUPTON
8823 LEM TURNER RD
JACKSONVILLE FL 32208-2679



3. Date incorporated or Created 08/11/1988

3a. Date of Last Renewal 05/01/1995

4. FEI Number 59-2901292

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. State, Apt. #, et

22. City & State

23. Zip County

24. 25. 9. Name and Address of Current Registered Agent

2a. Mailing Address

26. State, Apt. #, et

27. City & State

28. Zip County

29. 30.

GUPTON, C.J.
8823 LEM TURNER RD
JACKSONVILLE FL

81. Name

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

83.

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Section 602.001 and 602.003, 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 602.001 and Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME D VOELLER, GARY J. ☐ DELETE
2. STREET ADDRESS 8827 LEM TURNER RD
3. CITY, ST, ZIP JACKSONVILLE FL

4. NAME ☐ DELETE
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME ☐ DELETE
8. STREET ADDRESS
9. CITY, ST, ZIP

10. NAME ☐ DELETE
11. STREET ADDRESS
12. CITY, ST, ZIP

13. NAME ☐ DELETE
14. STREET ADDRESS
15. CITY, ST, ZIP

16. NAME ☐ DELETE
17. STREET ADDRESS
18. CITY, ST, ZIP

19. NAME ☐ DELETE
20. STREET ADDRESS
21. CITY, ST, ZIP

22. NAME ☐ DELETE
23. STREET ADDRESS
24. CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. NAME

22. STREET ADDRESS

23. CITY, ST, ZIP

14. I do hereby certify that the information supplied to the filing jurisdiction is true and does not qualify for the exemption stated in Section 119.02(3)(a), 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. I am an officer or director of the corporation or the registered agent of the corporation. I am aware that this report is required by Chapter 602, Florida Statutes, and that my name appears in Book 12 of Block 12 of the filing jurisdiction's record of filings and addresses.

SIGNATURE:

Gary J. Voeller

Gary J. Voeller

4-26-86

904-768-7587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)