

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N99000000368

1. Corporation Name
GINFL SERVICES, INC.

99 SEP 21 AM 9:39

534477-90047-44

Principal Place of Business Mailing Address
4527 LENOX AVE
JACKSONVILLE, FL 32205

5-17-99 90047 044 61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOVEMBER 17, 1998
22 City & State	27 City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LELAND WILSON 5321 ROLLINS AVE. JACKSONVILLE, FL 32207	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Leland D. Wilson LELAND D. WILSON TREASURER 4/20/1999
Signatures typed or printed name of registered agent and vice if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT (D) <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH MOOKER	1.2 NAME	
STREET ADDRESS	10407 CENTURION PKWY, N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32245	1.4 CITY-ST-ZIP	
TITLE	CHAIRMAN EMPLOYMENT & TRAINING (D) <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUG OLSON	2.2 NAME	
STREET ADDRESS	3939 ROOSEVELT BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	2.4 CITY-ST-ZIP	
TITLE	SECRETARY (D) <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. DOUGLAS DUNCAN, JR.	3.2 NAME	
STREET ADDRESS	9469 EASTPORT ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	3.4 CITY-ST-ZIP	
TITLE	TREASURER (D) <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND WILSON	4.2 NAME	
STREET ADDRESS	5321 ROLLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leland D. Wilson JAN 11, 1999 (904)384-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

AD