

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 MAY 14 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**80068791**

DOCUMENT # P0000078761  
1. Entity Name  
G & C Rentals, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
701 N.W. Anchors Street  
Suite, Apt. #, etc.

3. Mailing Address  
701 N.W. Anchors Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT. Walton Beach, FL

City & State  
FT. Walton Beach, FL

Zip  
32548

Zip  
32548

4. FEI Number  
593670778

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Smith, George R.

Street Address (P.O. Box Number is Not Acceptable)  
701 N.W. Anchors Street

City  
Fort Walton Beach

FL

Zip Code  
32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE	P	TITLE	
NAME	Smith, George R.	NAME	
STREET ADDRESS	11 Sleepy Hollow Drive	STREET ADDRESS	
CITY-ST-ZIP	Mary Esther, FL 32569	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	Elrod, Jo Ann	NAME	
STREET ADDRESS	9 Sleepy Hollow Drive	STREET ADDRESS	
CITY-ST-ZIP	Mary Esther, FL 32569	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Smith, James L.	NAME	
STREET ADDRESS	1945 Sellars Pond Dr.	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32305	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Graves, Nancy J.	NAME	
STREET ADDRESS	100 Fulmar Circle	STREET ADDRESS	
CITY-ST-ZIP	FT. Walton Beach, FL 32548	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Smith, David L.	NAME	
STREET ADDRESS	32 Palmetto Dr	STREET ADDRESS	
CITY-ST-ZIP	Fort Walton Ach., FL 32548	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Ann Elrod, Jo Ann Elrod, Sec Treas. 4-8-02 244-2980  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)