

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90112 035 ***150.00

DOCUMENT # P00000078761

1. Entity Name
G & C RENTALS, INC.



Principal Place of Business
**701 NW ANCHORS STREET
FORT WALTON BEACH FL 32548**

Mailing Address
**701 NW ANCHORS STREET
FORT WALTON BEACH FL 32548**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3670778**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, GEORGE R
701 NW ANCHORS STREET
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE R	
STREET ADDRESS	11 SLEEPY HOLLOW DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ELROD, JO ANN	
STREET ADDRESS	9 SLEEPY HOLLOW DRIVE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH; JAMES L	
STREET ADDRESS	1945 SELLARS POND DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32305	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAVES, NANCY J	
STREET ADDRESS	100 FULMAR CIRCLE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, DAVID L	
STREET ADDRESS	32 PALMETTO DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9511 Old Plank Rd.	
CITY-ST-ZIP	Tallahassee, FL 32305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Elrod* **Ann Elrod** 01-07-03 850-244-2980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)