

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:08

DOCUMENT # P11384 (5)

1. Corporation Name
GYA, INC.

Principal Place of Business

Mailing Address

C/O FRANCOIS D. VAILLANT
1421 LEMHURST RD.
PENSACOLA FL 32507

C/O FRANCOIS D. VAILLANT
1421 LEMHURST RD.
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1986	3a. Date of Last Report 04/11/1994
4. FEI Number 59-2129669	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAILLANT, FRANCOIS D.
1421 LAMHURST RD.
PENSACOLA FL 32507

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	R
NAME	TAGGART, LAWRENCE W JR	1.2 NAME	John D. Morrow
STREET ADDRESS	5809 MEMPHIS ST	1.3 STREET ADDRESS	465 Harrison Ave.
CITY - ST - ZIP	NEW ORLEANS LA	1.4 CITY - ST - ZIP	Panama City, FL
TITLE	V	2.1 TITLE	V
NAME	MORROW, JOHN B	2.2 NAME	Robert I. Mace
STREET ADDRESS	465 HARRISON AVE	2.3 STREET ADDRESS	2 Oak Lane
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	Montrose, AL 36559
TITLE	ST	3.1 TITLE	
NAME	VAILLANT, FRANCOIS D.	3.2 NAME	
STREET ADDRESS	1421 LAMHURST RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	MARSHALL, BROWN	4.2 NAME	
STREET ADDRESS	307 MONAHAN DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT WALTON FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	SHEPPARD, ALAN	5.2 NAME	
STREET ADDRESS	3360 VALDOUR PL	5.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D
NAME	BROTHERS, GEROGE	6.2 NAME	Lawrence W. Taggart, Jr.
STREET ADDRESS	2113 RIVER FOREST DR	6.3 STREET ADDRESS	5809 Memphis St.
CITY - ST - ZIP	MOBILE AL	6.4 CITY - ST - ZIP	New Orleans, LA 70124

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Francis D. Vaillant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis D. Vaillant

3/2/95 904-456-2991