

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified  
09/10/1986

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 C/O TERRY DEES KOLENICH

26 C/O TERRY DEES KOLENICH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4 NAVY LANE

27 4 NAVY LANE

City & State

City & State

23 SPANISH FL, AL

28 SPANISH FL, AL

Zip

Country

Zip

Country

24 36527

25 USA

29 36527

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

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

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MORROW, JOHN B.  
STREET ADDRESS 465 HARRISON AVE.  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE

NAME MAC, ROBERT I.  
STREET ADDRESS 2 OAK LANE  
CITY-ST-ZIP MONTROSE AL

TITLE ☐ DELETE

NAME VAILLANT, FRANCOIS D.  
STREET ADDRESS 1421 LAMHURST RD.  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME MARSHALL, BROWN  
STREET ADDRESS 307 MONAHAN DRIVE  
CITY-ST-ZIP FT WALTON FL

TITLE ☐ DELETE

NAME SHEPPARD, ALAN  
STREET ADDRESS 3360 VALDOUR PL  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME TAGGART, LAWRENCE W. J.  
STREET ADDRESS 5809 MEMPHIS ST.  
CITY-ST-ZIP NEW ORLEANS LA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE P  
1.2 NAME RACE, ROBERT I

1.3 STREET ADDRESS 2 OAK LANE  
1.4 CITY-ST-ZIP MONTROSE, AL 36559

☒ Change ☐ Addition

2.1 TITLE V  
2.2 NAME FRANK ALLEN  
2.3 STREET ADDRESS 885 E. SCENIC DRIVE  
2.4 CITY-ST-ZIP PASS CHRISTIAN, MS 39571

☒ Change ☐ Addition

3.1 TITLE ST  
3.2 NAME TERRY DEES KOLENICH  
3.3 STREET ADDRESS 4 NAVY LANE  
3.4 CITY-ST-ZIP SPANISH FORT, AL 36527

☒ Change ☐ Addition

4.1 TITLE D  
4.2 NAME VAILLANT, FRANCOIS D  
4.3 STREET ADDRESS 1421 LEMHURST RD  
4.4 CITY-ST-ZIP PENSACOLA, FL 32507

☒ Change ☐ Addition

5.1 TITLE D  
5.2 NAME MARSHALL, BROWN  
5.3 STREET ADDRESS 307 MONAHAN DRIVE  
5.4 CITY-ST-ZIP FORT WALTON BEACH, FL

☒ Change ☐ Addition

6.1 TITLE D  
6.2 NAME MORROW, JOHN  
6.3 STREET ADDRESS PO BOX 1446/465 HARRISON AVENUE  
6.4 CITY-ST-ZIP PANAMA CITY, FL 32402

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 119.07(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 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.

SIGNATURE:

*Terry Dees Kolenich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 334-434-3675  
Date Daytime Phone #

CR2E037 (12/95)