## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11384

(5)

## FILED Apr 29 1998 8:00am Secretary of State

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GYA, INC.						 	arar erani erani eraki bi	18H 818H 818H 1881
							<u> </u>	
Principal Place	e of Business	Mailing Address	<u>.</u>			T PODENBOOL ON PARAL COOR PRINT COOR	YARA DIBU BUBU BUUN WI	JOH OTON BION POL
AIA TEORY RETO VALENCU			AHALI					
C/O TERRY DEES KOLENICH C/O TERRY DEES 4 NAVY LANE 4 NAVY LANE			JERRION			3. Date Incorporated or Qualified		
SPANISH FT. A	L 36527	SPANISH FT AL 36527				09/10/1986 4. FEI Number	<del></del>	Applied For
US		US				59-2129669	<u> </u>	Not Applicable
2. Principal Pi	lace of Business	2a. Mailing Address					□ \$8.3	75 Additional
21		26				5. Certificate of Status Desired		e Required
Sulte, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		00 May Be	
22 City & State	27 City & State	A. B. Charles			Trust Fund Contribution		led to Fees	
City & State	City & State	ny a State			7. Is this nonprofit corporation a ho	omeowners assoc	iation?	
Zip	Country Zip			Country 8. This corporation owes or has paid the curren			or Intendible Mo	
24	25	29	30			Personal Property Tax due June	30. Yes	No NOTO
	9. Name and Address of Curren		1001	Ί		10. Name and Address of New Re		
				81	Name			
VAILLAN	T, FRANCOIS D.			82	Street Addres	ss (P.O. Box Number is Not Acceptab	ale)	
	MHURST RD.				Street Address (P.O. Box Number is Not Acceptable)			
	OLA FL 32507			83				
				84	City		85	Zip Code
					•		FL	•
office or re	egistered agent, or both, in the State :	of Florida. Such change was	authorize	ea by	the corporatio	ration submits this statement for the p	ourpose of changi	ng 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 atgnature required when reinstating)  DATE								
12.	OFFICERS AND		13.		It SHAUSIFILE ISCHOLOR	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	P	PELETE		TITLE	P.	The state of the s	☑ Cha	
NAME	NACE, ROBERT I.	•	1.2	NAME		ANCOIS D. VAILLANT		-
STREET ADDRESS	2 OAK LANE		1.3 \$	STREET	ADDRESS 142	I LEMHURST ROAD		
City-St-7#P	MONTROSE AL		1.40	CITY-ST	-ZIP Per	sacola, FL 32507		
TITLE	P	<b>₩</b> .DELETE	2.11	TITLE	V	·	<b>⊠</b> Cha	nge Addition
NAME	ALLEN, FRANK		221	NAME		eet J. Baiky		
STREET ADDRESS	855 E SCENIC DR		2.3 9	STREET	ADDRESS 211	SOUTHERN CIRCLE		
CITY-ST-ZIP	PASS CHRISTIAN MS	— <del>Varier</del>		CITY-S	T-ZIP GUI	FEDRT, MS 39507	120	0.4381
TITLE	ST	DELETE		TITLE	ST_		<b>≥</b> Chai	nge
NAME	TERRY DEES KOLENICH			NAME	TER	RY DEES KOLENICH		
STREET ADDRESS	4 NAVY LANE				I	AVY LANE	. ~	
CITY-ST-ZIP	SPANISH FORT AL	DELETE		rifu)		NOW FORT, AL 3652		nge Addition
TITLE NAME	V VAILLANT, FRANCOIS D.			NAME	P)	ARRY TAGGART 809 Memphis	L Ollai	No Distriction
STREET ADDRESS	1421 LEMHURST RD						70,21	
CITY-ST-ZIP	PENSACOLA FL			CITY-ST	710	DEW ORLEADS, LA	10127	
TITLE	D	DELETE		TITLE	TIMA	RSHALL BROWN	Char	nge Addition
NAME	MARSHALL, BROWN		5.21	NAME	7)30	RSHAL BROWN I MONAHAN DRIVE	-	- '
STREET ADDRESS	307 MONAHAN DRIVE		5.3 5	STREET A	ADDRESS -	THOO THE DRIVE	<u>.</u>	
CITY-ST-ZIP	FT. WALTON BEACH FL		5.4 (	: CITY-ST	ZIP Tt.	WALTON Beach, F	L 3254	18
TITLE	D	☐ DELETE	6.1 T	ITLE	$\mathcal{D}$		Chai	nge Addition
NAME )	MORROW, JOHN		6.2	NAME	mor	erow John 5 Harrison ave	r	'
STREET ADDRESS	465 HARRISON AVE				NOORESS 465	5 HARRISON AUE	_	
CITY-ST-ZIP	PANAMA CITY FL		6.40	CITY - ST	-ZIP PA	DAMACHY, FL 32	<u> 902</u>	
CITY-ST-ZIP PANAMA CITY FL 32402  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								
orticer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 517, Horida Statutes; and that my hame appears in								
Block 12 or Block 13 if changed, or on an attachment with an address.								