## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P93000018395 (2)

G. C. WARNER, INC.

Mailing Address

## FILED Apr 30 1997 8:00am Secretary of State



3216 CORRINE DR ORLANDO FL 32803		3216 CORRINE DR ORLANDO FL 32803-2230				
				3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last R 01/23/1996	eport
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	<del></del>	plied For
21		26 445 57 1	26 445 ST. JOHNS Rd Suile, Apt. #, olc.		Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Stalus Desired   \$8.75 Additional	
22		27 TAVARES 1	<i>[</i> ]	V. Certificate of Status Dealled	Fee Re	duired
City & State	e	City & State		6. Election Campaign Financing	\$5.00	
23		28 7 32,77		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s ] Yes □ No	. 199.032,
24	9. Name and Address of	29 3 Current Registered Agent	0	Florida Statutes  10. Name and Address of New Reg		
WAR	NER, GORDON C		81 Name	77.	gioio. vu rigo	
	CORRINE OR 444	S ST TOUR D	/			
	ANDO PL 32803	5 ST. JOHNS RA	82 Street	Address (P.O. Box Number is Not Acceptab	ile)	
ONL	ANDU FL SZOUS	WARES, FI 3A7	7 83	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
		·				
			<b>64</b> City		FL 85 Zip (	Code
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.1508. Florida Statutes	the above-named	corporation submits this statement for the p	urpose of changing it	s registered
office or r	egistered agent, or both, in th	ie State of Florida. Such change was au ie obligations of, Section 607,0505, Flori	thorized by the con-	poration's board of directors. I hereby accep	of the appointment as	registered
•	iiii i <b>g</b> iriiniai wiiii, <b>s</b> rio accept ti	e obligations of, Section oor, 6505, Flori	da dialdies.			
SIGNATURE	Signature, lyped or printed name of regi-	stered agent and file if applicable (NO1E)	Registered Agent signature	required when reinstating)	DATE	
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	DP .	DELETE	1.1 TITLE	CHAIRMAN D	M Change	Addition
NAME	WARNER, GORDON C		1.2 NAME	,		
STREET ADDRESS	3216 CORRINE DR		1.3 STREET ADDRESS			ļi
CITY-ST-ZIP	ORLANDO FL	<u> </u>	1.4 CITY-ST-ZIP			
TITLE	DST	☐ DELETE	2.1 TITLE		Change	Addition (
NAME	Warner, Donna W		2.2 NAME			j
STREET ADDRESS	3216 CORRINE DR	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2 4 CITY - ST - ZIP			
TITLE	VPD	☐ DELETE	31 TITLE	PRESIDENT D	Change	Addition
NAME	WADE, MARK P.		3.2 NAME			
STREET ADDRESS	3216 CORRINE DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		ш слапде	☐ WOOKIDII
NAME OTOSST ADDRESS			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition
NAME		Dutte	5.2 NAME		Onunge	
STREET ADORESS			5.2 NAME 5.3 STREET ADDRESS			
			5.4 CITY - ST - ZIP			
CTTY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			1
CITY-ST-ZIP			6.4 CITY-S1-ZIP			
VIIITOI*EIT			0.4 OH 1 - 34 - 21F	·		

14. I do 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 officer or director of the corporation or the receiver or truetce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

IONATURE TO A STATE OF COURSE

(35×)302-No